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FROM THE AMERICAN PEOPLE

SANTÉNET ANNUAL REPORT

October 2006 to September 2007

OCTOBER 2007
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CONTENTS

ACRONYMS

ABACUS	Automated Business Accounting Connection System
ACT	Artemisinin-based Combination Therapies
ARIs	Acute respiratory infections
BCC	Behavior change communication
CBDAs	CCommunity-based distribution agents
CBHCs	Community-based health centers
CPR	Contraceptive prevalence rate
CSCC	Child Survival Coordination Committee's
DCOP	Deputy chief of party
Depo-Provera	Depot Medroxyprogesterone Acetate (DMPA)
ENA	Essential Nutrition Actions
EPI	Expanded Program on Immunization
ES/NACC	Executive Secretary Secretariat/National AIDS Control Committee
FANC	Focused antenatal care
FBOs	Faith-based organizations
FHI)	Family Health International
FlexFund	Flexible Fund
FP	Family planning
HCP	Health Communication Partnership
HIP	Hygiene Improvement Project
HIS	Health Information System
HSDP	Health Sector Development Plan
IACC	Inter-Agency Coordination Committee
IEC	Information, Education and Communication
IFP	Integrated Family Planning
IMCI	Integrated Management of Childhood Illnesses
IP	Infection prevention
IPT	Intermittent preventive treatment
IPT	Intermittent Preventive Treatment
ITNs	Insecticide-treated nets
M&E	Monitoring and evaluation
MCDI	Medical Care Development International
MCHW	Maternal and Child Health Week
MIS	Management Information System
NCQM	National Quality Management Coordination
PD	Positive Deviance
PMP	Performance Indicator
PMP	Performance Monitoring Plan
PMPS	Multisectoral Project for AIDS Prevention
PNP	Policies, standards and protocols
PSI	Population Services International's
QAS	Quality Assurance System
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Tests

RED	Reach Every District
RH	Reproductive health
SDM	Standard Days Method
SMT	*Samia mitondra telo*
STI	Sexually-transmitted infections
VCT	Voluntary counseling and testing
VMA	Vaccine Management Assessment

EXECUTIVE SUMMARY

This third annual report presents Santénet's achievements during the period October 1, 2006 through September 30, 2007.

In its first year, the project invested in human and material resources in order to capitalize more than 10 years of public health work supported by USAID programs. A series of practices of excellence were selected and improved to serve as the foundation on which the project built the subsequent years.

In Year 2 of the project, activities to increase demand, supply, and quality of selected health products and services were initiated in various areas of the country and at different levels of the health system.

Year 3 was clearly defined as the period when all project activities started to converge in space and time to produce the increasing level of synergy, and consequently, maximum impact. The Champion District approach that was launched in nine health districts has demonstrated the validity of the synchronized multi-pronged approach. To optimize the performance of the health system as a whole, including the community level, our experience shows that the Health District should be seen as one network and supported uniformly across all administrative communes, health centers, and communities.

As described in the Year 4 work plan, the way forward not only requires maintaining the synchronized approach to improving demand, access, and quality of health care products and services but also finding ways to operationally integrate the roll-out of these approaches to maximize the economies of scale and reduce costs. This is the only way to bring all of the proven approaches to scale and to reach full national impact by 2012.

The results achieved during this third year of the project, coupled with the consolidation, integration, and transfer of our best approaches to permanent health institutions, will help ensure that all health objectives of the Madagascar Action Plan are met and surpassed by 2012. Results obtained by the project are numerous and fully detailed in this report. An overview of results achieved includes:

- In support to the family planning program, technical assistance provided to the Ministry of Health, Family Planning, and Social Protection at the central level for the contraceptive supply chain has resulted in an almost foolproof system, with no more than a measured 2 percent stock-out of contraceptive products nationwide. Family planning services are now available in all health centers and the quality of these services is increasing across the board. Supply of products and services was coupled with demand creation activities in over 300 communes through intensive community mobilization and in a total of 579 communes through a streamlined behavior change communication campaign.[1] Contraceptive prevalence rate (CPR) at the beginning of the project was estimated at 18 percent through the DHS III survey. The recent TRAC survey conducted by Population Service International indicates a CPR of 24 percent

[1] There are a total of 1,500 *communes* in Madagascar.

nationwide and the recent LAYERS II survey conducted in areas supported by USAID has measured CPR to be at 51 percent. Santénet has largely contributed to this success. The expansion of new methods has progressed rapidly during this reporting period, making Implanon widely available and making inroads for the Standard Days Method. Santénet provided assistance to the *Plateforme Religieuse* (faith-based umbrella organization) supported by the FlexFund to ensure even greater support for the national family planning program. Santénet's expertise in supply chain management has been drawn upon to create and support the national working group for the integration of other health commodities from vertical programs into the essential drug distribution system. Guidelines have been established for the development of the Action Plan for Health Commodities Integration, including its mission, vision, objectives, strategies, and activities.

- In October 2006, the Ministry launched the **Mother and Child Health Week** (MCHW) "routine campaign," an initiative proposed by Santénet. The experience was repeated in April 2007 and positive results have led to the institutionalization of the MCHW as a biannual campaign supported by all health partners. Over the past year, Santénet has also continued to provide sustained technical assistance to strengthen routine mother and child health care ensuring the complementarities of routine and campaign-style approaches. The MCHW "routine campaign" provides regular opportunities to recover dropout beneficiaries of health programs and to boost coverage of a bundle of services customized to meet the most significant needs identified during each round. During the April 2007 MCHW, coverage levels reached more than 90 percent for childhood vaccinations, vitamin A supplementation, and de-worming and more than 80 percent for prenatal consultation, tetanus vaccination, and malaria treatment and prevention. Again, Santénet has largely contributed to these successes.

- For **HIV/AIDS and STI prevention**, Santénet has continued to focus on youth. During this reporting period, more than 30,000 young people have been trained as peer educators under the *Ankoay* and Red Card programs, reaching more than 400,000 other youth. The infection prevention module of the Quality Assurance System has been adapted for application in hairdresser schools and outlets, representing another niche where Santénet was able to add value and maximize the use of best practices. Finally, the network of community-based distribution agents in the Champion Communes (CC) has sold and distributed over 250,000 condoms.

- Santénet technical assistance to the Ministry to strengthen **health financing mechanisms** has increased free access to products and services for the poorest of the poor through the Equity Fund and has expanded access to other rural populations through health *mutuelles* (insurance cooperatives) set up in 166 communes. On average, 39 percent of products and services offered by community health centers are now covered by the *mutuelles* in the communes where they were set up. The *mutuelles* have also increased the use of other key products and services by making them prerequisites for receiving *mutuelle* benefits. Santénet also provided technical assistance for the development and validation of the Health Sector Development Plan recently submitted to the Government. The plan includes the best approaches promoted by Santénet including the **Champion Communes approach** to promote community mobilization and behavior change.

- In the area of **performance and quality improvement**, Santénet worked with the Ministry to create a Quality Assurance System (QAS) which is now fully functional, and the Performance and Quality Improvement approach has been endorsed by the Ministry. All quality improvement tools including curricula, guides, norms, and

evaluation and supervision tools have been developed, validated and printed. The QAS has been successfully introduced at more than 160 health service delivery points and plans have been developed to expand in 2008 with financial support from the World Bank and UNICEF.

- In **malaria prevention**, Santénet provided improved technical assistance to the Ministry. Over the past year, the network of community-based distribution agents has increased from 2,000 to nearly 6,000 people, who sold more than 100,000 bednets and more than 200,000 malaria treatments.

- Finally, Santénet customized the CC **nutrition component** according to the content of the national community nutrition policy. Nine of the 12 essential actions promoted through the CC approach in over 300 communes are essential nutrition actions of the national policy. Some essential nutrition actions have also been made prerequisites for *mutuelles* benefits eligibility. The orange flesh sweet potato (yam) has been successfully piloted in 17 communes and plans are underway for a larger scale up during 2008.

These results testify to the quality and the quantity of the work achieved by the Santénet team with its partners during the past year. Relationships established and sustained with all partners, namely the Ministry and USAID, and the sincere appreciation expressed by all partners to Santénet represents the most valuable report card.

Summary of key statistics as of September 30, 2007:

- Champion Commune has been implemented to date in 303 communes
- 8,536 trained community-based workers have raised awareness about mother and child health in the Champion Communes
- 5,552 active community-based distribution agents are selling social marketing products in the Champion Communes
- 166 health *mutuelles* are operational
- 161 community-based health centers have introduced the Quality Assurance System
- 31,680 young people aged 12 to 24 are currently implementing *Ankoay* HIV/AIDS activities
- 900,000 Red Cards have been distributed nationwide
- *Samia Mitondra Telo* FP invitation cards have been distributed in 579 communes

RESULTS FROM OCTOBER 2006 TO SEPTEMBER 2007

REPRODUCTIVE HEALTH AND FAMILY PLANNING

THE NATIONAL FAMILY PLANNING STRATEGY

Goal :
Improve the quality of life of Malagasy families

General Objective :
Ensure access to information and services about family planning to couples and adolescents

Specific Objective :
Increase the contraceptive prevalence rate by 2 percent per year in order to reach 28% in 2009

Strategies :
1. Increase the demand for family planning services
2. Improve access to quality family planning services
3. Create an enabling political and institutional environment for family planning

This section provides an overview of Santénet's main results for the reporting period in reproductive health (RH) and family planning (FP). As one of Ministry of Health, Family Planning and Social Protection's ("the Ministry") main partners in FP, Santénet worked at the national and community level to contribute to the National Family Planning Strategy's objectives, specifically the goal of a 2 percent annual increase in the contraceptive prevalence rate (CPR).

The first part of this section summarizes major achievements and shows how Santénet's interventions contribute to all or specific strategies defined by the Government of Madagascar. The table that follows this narrative section details the results achieved in RH and FP, presented according to Santénet's intermediate results: demand creation, improved access, increased service quality, and institutional capacity building at the national and community level.

SUMMARY OF RESULTS ACHIEVED FOR THE REPORTING PERIOD

To increase demand for FP services, the efforts of Santénet and its partners to raise awareness about FP among more than one million people in 81 Champion Communes (CCs) contributed to increasing the CPR from 7 percent in September 2005 to 12 percent in December 2006, well above the national target of a 2 percent annual increase. Santénet, through its grants program, financed a second CC cycle for 72 of those 81 CCs, in addition to a first CC cycle for 222 new communes. During the current reporting period, 37 communes were certified, and in those certified communes, contraceptive prevalence increased from 6 to 14 percent.

Santénet also provided technical support to the eight faith-based organizations (FBOs) who work together as an umbrella organization to implement FP activities funded by USAID's Flexible Fund (FlexFund). The faith-based umbrella organization successfully completed its first year of implementation. With 359 community-based workers trained and actively promoting FP, the results in the 17 communes where the FBOs intervened were significant: between March 2006 and March 2007, contraceptive prevalence increased from 7 to 10 percent.

Finally, Santénet assisted the Ministry in developing the national FP communication strategy. Subsequently, Santénet's governmental FP partners approved the 2007 implementation plan, composed of a national mass media campaign and a community-based communication campaign called *Samia mitondra telo* (SMT), or "Everyone invites three." This community-based campaign mobilizes local leaders and regular FP

users to convince their relatives, friends, and neighbors of the benefits of FP through interpersonal communication and peer education. In June 2007, the Ministry, with technical and financial support from Santénet, launched the SMT campaign in 540 communes. Santénet was also able to convince the faith-based umbrella organization to launch the campaign in the 17 communes where it is active, as well as Medical Care Development International (MCDI), another FlexFund recipient, in 24 communes of the Ihorombe region. With a total of 579 communes targeted by the SMT campaign, 900,000 FP invitation cards were distributed to local leaders, community-based workers and FP users, along with 469,000 FP leaflets and 29,000 FP newsletters. At the mass media level, the Ministry and Santénet developed six FP radio spots, translated in four different dialects, and contracted ten radio stations to start airing the spots in early November 2007.

Santénet has helped to improve access to FP services and meet growing demand by increasing choice in contraceptive methods, expanding access nationally, eliminating stockouts.

Santénet provided technical and financial support to the Ministry to open 142 new FP sites, ensuring that all 2,475 public community-based health centers (CBHCs) offer FP services. Furthermore, Santénet supported the Ministry in designing the FP Best Practices Project that was introduced, in collaboration with Family Health International (FHI), in six districts to further identify and mitigate access barriers to FP services. Through the quarterly FP newsletter EZAKA, published by the Ministry with technical support from Santénet, these FP Best Practices were shared at all levels of the health system as well as the larger health community.

PROMOTING FAMILY PLANNING THROUGH CHAMPION COMMUNE

ABOUT THE MAP: During the reporting period, Santénet initiated the Champion Commune approach in 294 communes in order to promote family planning, and as shown on the map, a large number of those communes are located in or close to the forest corridor and high biodiversity areas.

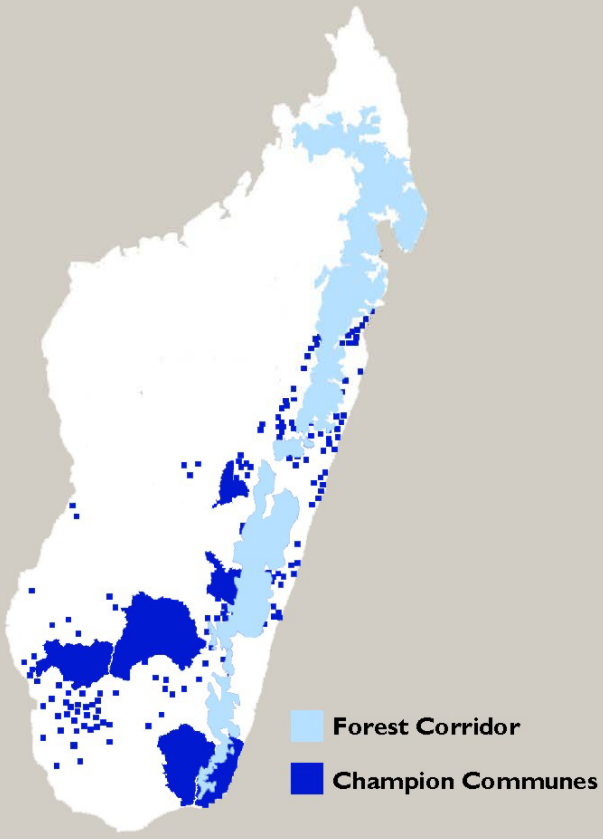


PHOTO SANTÉNET

LEFT: During the "Everyone Invites Three" campaign, health providers give invitation cards to regular family planning users who can in turn give them to three members of their family, friends or neighbors.

Santénet's support for the introduction of Implanon, a long-term contraceptive method, and the Standard Days Method (SDM), a natural method which uses Cyclebeads, has expanded the range of contraceptive methods offered. According to a qualitative evaluation on Implanon, targets found the method acceptable, and the Ministry has included it among its priorities for scaling-up. As of September 2007, the SDM has been introduced in 170 public and 20 private CBHCs, and 1,337 SDM users were recorded by those centers. Furthermore, 2,000 Cyclebeads were sold during the reporting period by community-based distribution agents (CBDAs) in five of CARE's CCs, in addition to the 29,320 blister-packs of *Pilplan*, Population Services International's (PSI) social marketing oral contraceptive brand, that were sold by 5,552 CBDAs in the 271 CCs that now have an established distribution network for social marketing products. CBDAs are complementary vehicules to supply oral contraceptives to the community, especially to remote populations, and after the Government of Madagascar announced in June 2007 that contraceptives would now be free, Santénet provided technical assistance to the Ministry to clarify measures to be taken regarding CBDAs and issue an internal note stating clearly that contraceptives would be free in public health centers.

Efforts to improve the public sector supply chain, and through it contraceptive distribution, have contributed to a continual reduction of stockouts in health centers: according to the 2007 FP logistics survey conducted in October 2007, 2 percent of FP sites have experienced Depo-Provera (Depot Medroxyprogesterone Acetate or DMPA) stockout versus 4 percent in 2006. Depo-Provera is an injectable hormonal contraceptive that is often the preferred contraceptive method in Madagascar.

To improve financial access to FP services and products, Santénet provided technical assistance to strengthen existing health *mutuelle*s (health insurance cooperatives) and set up new ones in other communes: as of September 2007, 166 health *mutuelle*s were operational — 79 in their second or third year and 87 newly set-up. Before the governmental decision in June 2007 to make contraceptives free in public CBHCs, the majority of those health *mutuelle*s covered FP-related medical expenses.

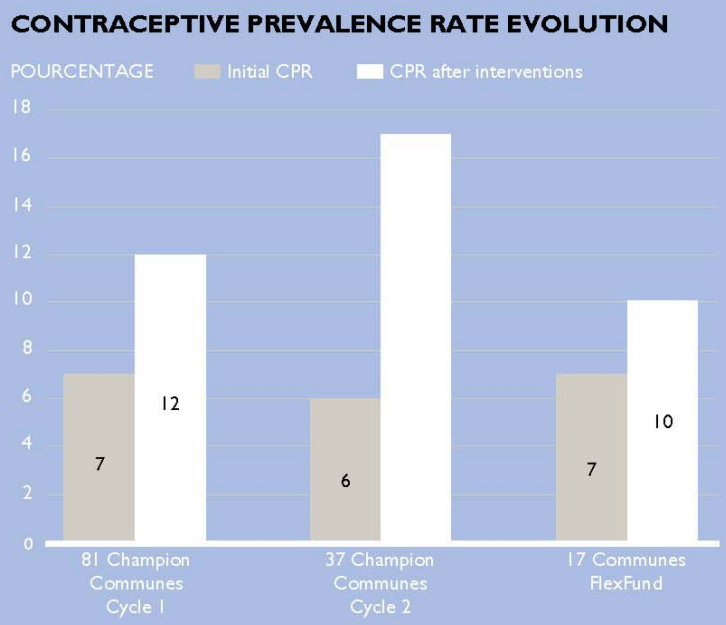
At the same time as improving demand and access, Santénet has worked **to improve quality of service provision**. The project has supported the finalization, validation, and dissemination of national RH norms and procedures. The Integrated Family Planning (IFP) training curriculum has been finalized and validated, and has been used during providers' training in new FP sites. Furthermore, Santénet and other technical partners assisted the Ministry in considering the CBHC minimal activity package and adapting the desired performance standards for quality improvement in infection prevention and FP accordingly. At the community level, another 106 CBHCs have introduced the

Quality Assurance System (QAS), bringing to 161 the total number of CBHCs that have introduced QAS. To help them achieve the adapted infection protection (IP) and FP performance standards, Santénet provided all of those CBHCs with basic supplies (gloves, aprons, and other IP supplies).

To create an enabling political and institutional environment, Santénet has played a leadership role as a member of the FP partners committee in developing the Madagascar contraceptive security document 2007-2012. Santénet also assisted the Ministry in working with FP partners, which include WHO and UNFPA, who have subsequently made adequate financial commitments to meet Madagascar's contraceptive needs through 2009.

Santénet has also helped the Ministry organize the RH/FP annual coordination meeting in November 2006, as well as the regional FP workshops in May and September 2007. During these workshops, the technicians from the 22 regions and 111 districts were able to share experiences and find solutions to achieve their FP objectives.

Finally, between August and September 2007, the Government of Madagascar, as part of its new strategy to empower local leaders and promote local development, trained the country's 17,433 *Fokontany* (group of villages) chiefs in leadership and management. Santénet helped the Ministry in producing a 10-minute FP documentary and a handout to help these *Fokontany* chiefs understand the benefits of FP and the role they can actively play in promoting FP and helping health personnel in their communities.



ABOUT THE GRAPH: As shown in the graph, contraceptive prevalence rate increased by more than 2 percent, the established national target, in all the communes supported by Santénet: the 81 communes from Champion Commune Cycle 1, the 37 communes from Champion Commune Cycle 2 that were certified during the reporting period, and the 17 communes funded by FlexFund.

	BENCHMARKS PROPOSED OCTOBER 2006 TO SEPTEMBER 2007	MAJOR RESULTS ACHIEVED OCTOBER 2006 TO SEPTEMBER 2007	COMMENTS	ANNUAL WORK PLAN ACTIVITIES
INTERMEDIATE RESULT 1: DEMAND NATIONAL LEVEL	An Information, Education and Communication (IEC) kit of audio and visual FP material is developed 100% of CBHCs in Santénet's Champion Communes receive their minimum IEC/FP package	The National FP Communication Strategy was validated in December 2006 and the 2007 implementation plan developed. The Ministry established an initial list of the RH/FP IEC materials to be included in the Minimum IEC Package which was then tested in 16 CBHCs.	**The benchmark has not been achieved.** However, the final list of RH/FP IEC materials to be included in the Minimum IEC Package is to be validated in November 2007, during the National Health Communication and Social Mobilization Committee's next meeting, and CCs should receive the package during the second quarter of 2008.	Activity 1.1.4
	225 FP spots are aired on national and local radio and TV stations during the FP campaign "*Samia mitondra telo*"	Santénet and the Ministry developed six FP radio spots, translated in four different local dialects, and contracted 10 national and local radio stations to air the spots five times a day for 45 days to support the FP campaign "*Samia mitondra telo*".	**The benchmark has not been achieved.** However, the 10 contracted radio stations will air the 2,250 FP spots from November 1, 2007 until January 2008, ten-fold the original benchmark.	Activity 1.1.5
	90% of *Top Réseau* private doctors in Santénet/USAID's four intervention provinces take part in the FP campaign "*Samia mitondra telo*" and use the FP invitation cards	No results to report for this benchmark.	**The benchmark has not been achieved.** The FP invitation cards to be distributed to the *Top Réseau* private doctors were instead given to the FlexFund FBOs to replenish the stocks in their 17 communes and to the Ministry to be distributed to the 3,000 women who will participate in the Leadership and Management training planned for October 2007 and financed by the Government of Madagascar.	Activity 1.1.5
INTERMEDIATE RESULT 1: DEMAND COMMUNITY LEVEL	25% of the FP invitation cards distributed to CBHCs and community outreach workers during the FP campaign "*Samia mitondra telo*" come back to the CBHCs (cardholders come to seek information on FP or to adopt a contraceptive method)	Following the satisfactory results of the pilot study, three partners agreed to support the Ministry and finance the *Samia mitondra telo* FP communication campaign: Santénet, MCDI and the faith-based organizations financed by FlexFund. The campaign was launched in June 2007 in 578 communes where 900,000 FP invitation cards, 469,000 FP leaflets and 29,000 FP newsletters were distributed to local leaders, community-based workers and FP users. 12 DRSPFPS and 38 SDSPS were trained to implement and monitor the *Samia mitondra telo* campaign.	**The benchmark has not been achieved.** However, the mid-term evaluation of the campaign is planned for early November 2007 to determine the number of FP invitation cards that have come back to the CBHCs and the number of new FP users.	Activity 1.1.5
	50% increase of the CPR in communes where Santénet is implementing CC	CC Cycle 1 (September 2005 to December 2006), 81 communes: 79 communes were certified CCs, however CPR increased from 7% to 12% in the 81 communes during the cycle, representing a 71% increase. CC Cycle 2 (August 2006 to date), 294 communes: • As of September 2007, 37 communes were certified CC (19 communes subcontracted to PENSER and 18 communes to CARE) and CPR increased from 6% to 14% in those communes, representing a 133% increase. • After their 100-day evaluation, 118 communes still implementing their CC cycle recorded an increase of 33% of the CPR, from 9% to 12%.	**The benchmark has been achieved.**	Activity 1.1.2

INTERMEDIATE RESULT 2: AVAILABILITY NATIONAL LEVEL	Ministry contraceptive procurement plan funded for 2008	The 2007 contraceptives annual budget of 4,000,000 USD is 100% ensured. This budget is three times that of 2004. For 2008, the Government of Madagascar and USAID have already agreed to finance part of the contraceptives, US$ 100,000 and US$ 500,000 USD respectively.	**The benchmark has not been achieved.** However, a request has been sent to UNFPA to finance the remaining budget for 2008.	Activity 2.1.4
	2% of public FP sites have experienced DMPA stockout	According to the 2007 FP logistics survey, 2% of FP sites have experienced DMPA stockout versus 4% in 2006. According to 2nd quarter 2007 monitoring results: • 78% of DHSPSs have an adequate stock of contraceptives; • 92% of DHSPSs use the recommended formula to calculate contraceptive needs.	**The benchmark has been achieved.**	Activity 2.1.3 Activity 2.1.4
	Completed assessment of the pilot study on RH/FP best practices	Introduction of FP best practices in six DHFPSs to solve difficulties linked to access to FP services. The quarterly FP newsletter EZAKA was used to disseminate important information as well as best FP practices to public and private sector FP actors.	**The benchmark has been achieved.**	Activity 2.1.2 Activity 2.1.6
	Two meetings of the FP partners' committee	RH/FP annual coordination meeting was successfully held in November 2006 and all FP partners were present. The FP partners' committee also held several other meetings during the reporting period, including one to discuss the virtual FP conference, and another one to discuss the regional FP workshops.	**The benchmark has been achieved.**	Activity 2.1.5
INTERMEDIATE RESULT 2: AVAILABILITY COMMUNITY LEVEL	200 of Santénet's *new* CCs have a well-established distribution system for social marketing products 3,000 *new* CBDAs distribute combined oral contraceptives in Santénet's *new* CCs 29,375 combined oral contraceptives are sold in Santénet's CCs using a network of 4,800 CBDAs	As of September 2007, 190 out of 222 *new* CCs have established a distribution system for social marketing products, bringing to 271 the number of CCs that use CBDAs (190 CCs Cycle 2 and 81 CCs Cycle 1). In those 190 *new* CCs, 3,831 *new* CBDAs were trained. Between October 2006 and September 2007, 29,320 *Pilplan* blister-packs were sold by 5,552 CBDAs in the 271 CCs.	**The benchmarks have been achieved.**	Activity 2.3.1
	10,000 cyclebeads for SDM are distributed through the community distribution network in the CCs	154 community health workers were trained by CARE in SDM and provided services in five communes in the Eastern Region of Madagascar where 2,000 cyclebeads were sold during the reporting period.	**The benchmark has not been achieved.** However, other NGO partners, such as MCDI, CRS, and AINGA, have expressed their interest in distributing cyclebeads and their CBDAs will be trained subsequently and given five cyclebeads each.	Activity 2.3.1
	80 health *mutuelles* are operational in the Fianarantsoa province 40% increase in the number of curative consultations provided by CBHCs during the lean season (September to March) in communes with health *mutuelles*	With Santénet's technical support, as of September 2007, 166 health *mutuelles* are operational: 5 are in their third year, 74 are in their second year and 87 new ones are in the start-up phase. According to complete data from 44 health *mutuelles*, there has been an increase of 36.5% in the number of curative consultations during the period that the health *mutuelle* covers health expenses (all *mutuelles* cover health expenses during the lean season) in comparison with the previous year.	**The benchmarks have been achieved.** These benchmarks are cross-cutting and will thus not be repeated in the other technical areas.	Activity 2.3.3

INTERMEDIATE RESULT 3: QUALITY NATIONAL LEVEL	Revised RH norms and procedures document validated and made available at the health facility level in the CC zones	RH norms and procedures were finalized and validated. Santénet financed the reproduction of 3,500 copies of the document and ensured that the 10 regions where there are CCs (Haute Matsiatra, Aloatra Mangoro, Vakinankaratra, Atsimo Andrefana, Menabe, Anosy, Atsinanana, Analanjirofo, Vatovavy Fitovinany, Amoron'i Mania and Ihorombe) received copies to be distributed to all their districts and all their CBHCs.	**The benchmark has been achieved.**	Activity 3.1.3
	The IFP training module revised in 2006 validated	The IFP training curriculum has been finalized and validated, and has been used during provider training in new FP sites and Cycle 2 CBHCS sites (106 sites).	**The benchmark has been achieved.**	
	National supervision guide revised as to include performance standards for FP, sexually transmitted infections (STI), focused antenatal care/intermittent preventive treatment (FANC/IPT), and Child Survival(CS) and validated by the Ministry	The national supervisory tool has been revised, validated and sent for an edition before printing. A supersion manual guide for users was also developed and validated.	**The benchmark has been achieved.** This benchmark is cross-cutting and will thus not be repeated in the other technical areas.	
	For the paramedical schools: FP, STI, IMCIN, FPC/IPT and CS curricula revised to reflect the revised RH norms and procedures	40 new supervisors/teachers of the Faculty of Medicine and the IFP Medical School were trained on Effective Teaching to better supervise students, nurses, interns in RH and child health. Curricula for pre-service training in FP, STI, FANC/IPT was developed and 27 IFP teachers and monitors were in the meantime trained in instructional design skills for RH health. 21 IFP teachers and monitors were updated in Effective Teaching, FP, STI, FANC/IPT to better use the recently developed training manuals. 85 teachers and coaches from the mother and child, medicine and biology departments at the Faculty of Medicine, were taught on site on Effective Teaching to improve their training skills.	**The benchmark has been achieved.** This benchmark is cross-cutting and will thus not be repeated in the other technical areas.	Activity 3.2.5
	10 practicum sites, 46 CBHCs of QAS cycle 1, 129 CBHCs of QAS cycle 2 introduce the Standard Days Method or Cyclebeads as a natural modern FP method in their services	As of September 2007, eight practicum sites have introduced the SDM, as well as 170 public CBHCS, including 153 CBHCs from QAS Cycle 1 and 2, and 20 private CBHCs. 20,000 cycle beads with inserts and IEC materials in Malagasy were distributed to the 170 public CBHCs. From September 2006 to September 2007, 1,337 SDM users were recorded from 116 public and 16 private CBHCs.	**The benchmark has not been achieved** because some of the health providers did not attend the SDM training workshops that took place between April and July 2007.	Activity 3.3.5 Activity 3.3.6
	50 external supervisors of the Champion Districts and 129 internal supervisors of the CBHCs in the CCs are trained in facilitative supervision techniques	The supervision tools have been revised and validated and are being published.	**The benchmark has not been achieved.** This activity was delayed because of the revision of the national supervisory tool. The training will take place during the first quarter of 2008. External and internal supervisors will be familiarized with the revised supervision tools and be trained in facilitative supervision technique.	
	43 candidate trainers, 15 candidate advanced trainers, and 16 candidate master trainers successfully conduct training activities or training curriculum design to complete their qualification as clinical trainers, advance trainers or master trainers	40 candidate trainers, seven candidate advanced trainers, and eight candidate master trainers successfully conduct training activities or training curriculum design and were qualified as clinical trainers, advance trainers, or master trainers	**The benchmark has not been achieved.**	

INTERMEDIATE RESULT 3: QUALITY

COMMUNITY LEVEL

129 service providers from QAS Cycle 2 CBHCs in CCs are updated on IP, FP, STI, FPC, and CS and able to meet performance standards

106 providers from Cycle 2 were updated in FP and IP in May 2007 (20 people are from Antsirabe II, 21 from Fianarantsoa II, 15 from Ihorombe, 24 from Betioky, 2 ifrom Benenitra, 11 from Amboasary Sud and 13 from Taolagnaro).

22 people were updated in STI in Antsirabe in September using the new revised curricula; this training will continue with INSPC who is in charge of conducting the training for 678 service providers in the whole country.

The benchmark has been achieved.

% of performance standards achieved in the areas of infection prevention* and family planning:

	#	% of IP perform. standards achieved*	% of FP perform. standards achieved
Practicum sites	10	50%	50%
CBHCs QAS Cycle 1	46	50%	50%
CBHCs QAS Cycle 2	129	40%	40%

Desired performance standards for the improvement of quality for IP, FP, child survival, malaria and STI have been adapted to the CBHC's minimal activity package.

	#	% of performance standards achieved* on average in 2006		% of performance standards achieved on average in 2007	
		IP	FP	IP	FP
Practicum sites (PMP indicator N°18)	10	71%	78.5%	80%	81%
CBHCs QAS Cycle 1	45	25%	49%	75%	59%

	#	% of performance standards achieved* in average- **Jan-May 07**	% of performance standards achieved in average **Aug-Dec 07**
CBHCs QAS Cycle 2	106	IP	IP
	54	35%	Not yet assessed
	40	20%	80%
	12	Not received	Not received

The 106 BHCs initiating QAS have received basic supplies (water tanks, individual protective materials and other decontamination materails) for infection prevention.

10 aquachlorine machines were installed in two university teaching hospitals, three regional hospitals and five districts hospitals. These centers are producing 200 liters of bleach per day each to be used for disinfection and decontaminaton of instruments in the hospital and surrounding health centers.

The benchmark has been achieved.

45 QAS Cycle 1 CBHCs have completed more than 85% of their quality improvement action plans which include IP, FP, FANC/IPT and IST and all of them have received a second performance evaluation.

The number of QAS Cycle 2 sites was reduced from a planned 129 to 106 CBHCs because some CBHCs were either too remote or closed due to unavailability of staff or for security raisons.

Actual performance assessment for child health, STI and Fanc/IPT is on going in QAS Cycle 2 CBHCs.

Activity 3.3.1
Activity 3.3.2
Activity 3.3.3
Activity 3.3.4

	60% of the CBHCs in QAS Cycle 1 are certified in IP and 100% of the practicum sites are certified in IP, FP, or STI/HIV. (However the score level for certification should be determined with the Ministry)	To be cerified, a CBHC should achieve at least 75% of the norms in the technical area plus the same score in IP and IEC. In IP: 49% of QAS Cycle 1 CBHCs, 60% of practimum sites and 22% of QAS Cycle 2 CBHCS can receive performance certificates. In FP: 34% of QAS Cycle 1 CBHCs will be certified. In STIs: 27% of QAS Cycle 1 CBHCs will be certified. In FANC/IPT: 45% of QAS Cycle 1 CBHCs will be certified.	**The benchmark has not been achieved.** The certification of the CBHCs that have achieved at least 75% of the norms will take place at the same time as the CC festivals starting in December 2007.	
INTERMEDIATE RESULT 4: CAPACITY BUILDING NATIONAL LEVEL	All eight FlexFund-funded FBOs receive a training on Training Trainers, a training on Project Resources Management, and a training on Family Planning 100% of the FP sub-projects funded by FlexFund are completed	FlexFund has successfully completed implementation, follow-up, and reporting of its FP activities for the first year. All the members of the platform have planned, established budgets, disbursed funds and recorded expenses according to USAID norms and procedures. 359 FP community-based workers have been trained and are active in 17 intervention communes.	**The benchmark has been achieved.**	Activity 4.4.1
	National HIS Policy document validated by the Ministry	Instead of the National HIS Policy, the Ministry decided to set up monitoring and evaluation units in each region, which Santénet has supported (see benchmark below). As a result, in 2007, data arrived twice as fast as in 2006, requiring a three-month delay for information to arrive at the central-level Health Statistics Unit from the CBHCs (the established norm being one month) : Promptness | 2005 | 2006 | 2007 Delay (in months) | + 12 | 6 | 3	**The benchmark has been modified.** This benchmark is cross-cutting and will thus not be repeated in the other technical areas.	Activity 4.1.1 Activity 4.1.2
	44 regional trainers trained to use the Management Informaion System (MIS)	Instead of 44 *regional* trainers, Santénet trained 22 regional persons and 26 central-level M&E managers. 48 regional and central-level MIS trainers have thus been trained	**The benchmark has been achieved.** This benchmark is cross-cutting and will thus not be repeated in the other technical areas	Activity 4.1.3
	6 information dissemination workshops are held in all 6 provinces to share Health Information System (HIS) data and analysis results	A national workshop and four regional workshops to establish Madagascar Action Plan objectives	**The benchmark has been achieved.** This benchmark is cross-cutting and will thus not be repeated in the other technical areas	

<table>
<tr>
<td rowspan="2">INTERMEDIATE RESULT 4: CAPACITY BUILDING

COMMUNITY LEVEL</td>
<td>Increase of contraceptive coverage rate from 9% to 11% in the intervention sites of the Flexfund-funded FBOs</td>
<td>Between March 2006 and March 2007, CPR increased from 6.74% to 10.12% in the 17 communes supported by the Flexfund-funded FBOs, representing a 40% increase.</td>
<td>The benchmark has been achieved.</td>
<td>Activity 4.4.1</td>
</tr>
<tr>
<td>Use of data in 200 CBHCs of Santénet's Champion Communes

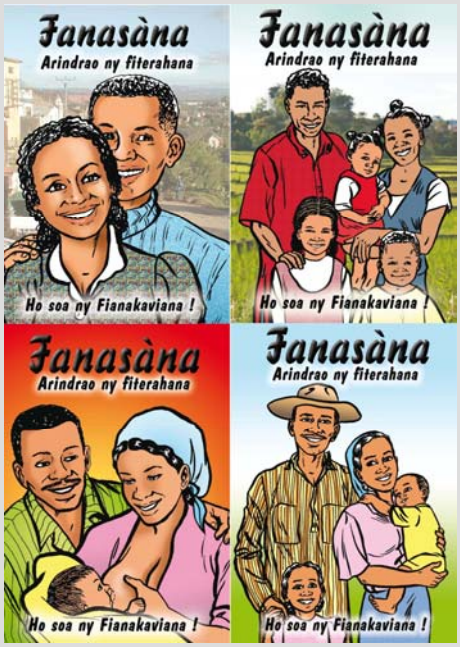
32% of CBHCs in Santénet's Champion Communes produce quality Monthly Activity Reports</td>
<td>100% of the CBHCs in the CCs have used data from the Monthly Activity Reports to establish and monitor the CC objectives.

Clear improvement of health information generation and transmission: 80% of monthly activity reports for 2006 were received by the Health Statistics Unit level by the first term of year 2007, six months faster than the 2005 data.

Data reliability and validity has increased from 14% in 2005 to 32% in 2006. As of September 2007, this rate reached 49%.
<table>
<tr><td>Quality</td><td>2005</td><td>2006</td><td>2007</td></tr>
<tr><td>Data reliability</td><td>14%</td><td>34%</td><td>49%</td></tr>
</table>
</td>
<td>The benchmark has been achieved.
These benchmarks are cross-cutting and will thus not be repeated in the other technical areas.</td>
<td>Activity 4.1.3</td>
</tr>
</table>

FIRST PERSON

Three Times a Charm for Family Planning



Lanto speaks with one of her neighbors about family planning and gives her an invitation card to go to the health center.

Lanto is a community-based distribution agent in a rural commune, Soatanana, in the Haute Matsiatra region of Madagascar. She has been trained by USAID to inform and educate members of her community about healthy behaviors as well as to sell key health products such as bed nets, malaria treatment drugs, and oral contraceptives. She particularly enjoys talking to couples about the benefits of family planning as she has personally experienced them: Lanto has been using the Depo-Provera injectable contraceptive for two years and has been able to take better care of her husband and their three children, while serving her community as a distribution agent. She has found, however, that talking to people about family planning is not so easy because of cultural barriers and persisting rumors. Convincing women or couples to go to health centers to choose a contraceptive method has proven an even harder challenge.

In August 2007, USAID supported the launch of a family planning communication campaign in Lanto's village. The campaign, known as "Each invites three," mobilizes local leaders and regular family planning users to talk to three relatives, friends, or neighbors about the benefits of family planning and give them invitation cards to go to local health centers. During the three-month campaign, nearly 1 million invitation cards were distributed in about one-third of Madagascar's districts.

Lanto was given the invitation cards. Throughout the campaign, she has been able to "invite" not just three, but fifteen women to a local health care center. Each decided to begin using family planning and decided with the health clinic staff which contraceptive method was the best choice for their family. "Most women, or couples, who accept the invitation card are already convinced of the benefits of family planning, but need a little help to take the next step [going to the health center to choose a contraceptive method]. The invitation card is an excellent way to gain people's trust and reassure them that they will be well received at the health center," Lanto says.

Lanto is not the only community-based distribution agent who has had success distributing the invitation cards. In September 2007, the health center of Soatanana recorded more than 70 new family planning users, compared to less than 10 new users in August 2007. Lanto has replenished her stock of invitation cards and plans on distributing 15 more cards over the next month.

RESULTS FROM OCTOBER 2006 TO SEPTEMBER 2007

MALARIA

THE NATIONAL MALARIA CONTROL POLICY

General Objective:
Reduce malaria-related morbidity and mortality and stop transmission at the national level.

Specific Objectives:

- Improve the quality of malaria management
- Strengthen prevention actions (long lasting bednets, home aspersion)
- Strengthen malaria control among pregnant women
- Strengthen epidemics control

Technical Strategies:

1. Malaria prevention
2. Malaria prevention and control among pregnant women
3. Appropriate management of malaria cases
4. Epidemics control

Support strategies

5. Capacity-building in program management
6. Promotion and implementation of IEC/BCC
7. Strengthening the M&E system and operations research
8. Epidemics control
9. Developing national coordination and partnerships
10. Strengthening and making sustainable an environment favorable to malaria control

This section highlights some of Santénet's major results and contributions to malaria prevention and control during the reporting period. As a member of the Roll Back Malaria (RBM) technical committee, Santénet contributed to the objectives of the National Malaria Control Policy at the national and community level and, through its technical and financial support, Santénet implemented activities that correspond to the government's strategies to fight malaria.

The first part of this section summarizes major achievements and shows how Santénet's interventions contribute to all or specific strategies defined by the Government of Madagascar. The table that follows this narrative section details the results achieved in malaria prevention and control, presented according to Santénet's intermediate results: demand creation, improved access, increased service quality, and institutional capacity building at the national and community level.

SUMMARY OF RESULTS ACHIEVED FOR THE REPORTING PERIOD

In order to prevent malaria, Santénet has continued focusing its efforts on promoting the use and ensuring the distribution of long lasting insecticide-treated nets (ITNs). In December 2006, 57 percent of households in the 81 Cycle 1 CCs owned an ITN, a 51 percent increase from September 2005. Santénet, through its grants program, financed a second CC cycle for 72 of those 81 CCs, in addition to a first CC cycle for 222 new communes. In September 2007, 37 communes were certified CCs where 48% of households in those communes owned at least one ITN versus 11% at the beginning of the CC cycle. CBDAs were important vehicules to reach those results, and, during the reporting period, 271 CCs had an established distribution network for social marketing products and the 5,552 active CBDAs had sold 107,173 ITNs. To optimize this strategy, Santénet contributed to define the minimum IEC package, including malaria IEC material, to be available in all CBHCs.

Also, Santénet actively assisted the Ministry in launching Madagascar's first-ever campaign integrating maternal and child health. During the first Maternal and Child Health Week (MCHW) held in October 2006, 91,092 ITNs were distributed nationwide.

Moreover, to protect pregnant women against malaria, through CC and health *mutuelles*, Santénet advocated and encouraged prenatal care to ensure pregnant women received Intermittent Preventive Treatment (IPT) and, if available, a free ITN. In addition, during the first MCHW, 44,000 pregnant women completed their IPT and 62,000 other received their first dose of treatment with Sulfadoxine/Pyrimethamine.

In terms of malaria treatment, in transitioning from chloroquine to Artemisinin-based Combination Therapies (ACTs), Santénet provided technical support to revise the malaria treatment training curriculum as well as the microscopic diagnostic training curriculum. During the reporting period, the Ministry, with technical support from Santénet and other partners, trained

1,403 public and private health providers in ACT and the use of Rapid Diagnostic Tests (RDTs). Santénet also assisted the Ministry in training one trainer in each of the 22 regions on microscopic diagnostic, as well as nine hospital technicians in the regions of Betsiboka, Alaotra Mangoro and Melaky.

Santénet also supported the development of norms and procedures for malaria treatment and the norms and procedures related to fight against malaria which will be validated by the Ministry in October 2007.

In the 271 CCs, Santénet, through community-based outreach workers, educated local populations about home-based treatment of malaria cases for children under five. As a result, the CBDAs had sold 154,740 blisters of *Palustop Zaza* (PSI's social marketing malaria treatments for children 1 to 5) and 93,240 blisters of *Palustop Zazakely* (for babies 4 to 11 months), representing treatment of more than 248,000 presumed cases of malaria.

To provide general support to the national malaria program, the Ministry disseminated the new National Malaria Control Policy to all the 22 regions and 111 districts, members of the government, and all technical and financial partners with technical and financial support from Santénet.

Santénet also helped set up the Ministry's Malaria Unit's M&E team. Santénet trained 11 staff members of the Malaria Unit as well as 22 regional malaria specialists on M&E and the use of an information system.

Santénet assisted in the successful organization of the visit from the President's Malaria Initiative's team to Madagascar, which resulted in the preliminary needs assessment for the national malaria program.

In addition, Santénet assisted the national malaria program in elaborating Madagascar's proposal for the Global Fund 7th Round to obtain funding for continued interventions to fight against AIDS, tuberculosis, and malaria. Specifically, in April 2007, Santénet participated in the workshop to prepare the proposal as well as in the mock Technical Review Panel in June 2007. Santénet also participated in the review of the national strategic plan (from malaria control to elimination).

PHOTO SANTÉNET

LEFT: Community-based distribution agents receive a special training on selling social marketing products, such as bed nets. Here, they are taught to explain to clients how to properly use a bed net.

	BENCHMARKS PROPOSED OCTOBER 2006 TO SEPTEMBER 2007	MAJOR RESULTS ACHIEVED OCTOBER 2006 TO SEPTEMBER 2007	COMMENTS	ANNUAL WORK PLAN ACTIVITIES
INTERMEDIATE RESULT 1: DEMAND NATIONAL LEVEL	100% of CBHCs in Santénet's CCs receive their minimum IEC/malaria package	The Ministry established an initial list of the Malaria IEC materials to be included in the Minimum IEC Package which was then tested in 16 CBHCs.	**The benchmark has not been achieved.** However, the final list of Malaria IEC materials to be included in the Minimum IEC Package is to be validated in November 2007, during the National Health Communication and Social Mobilization Committee's next meeting.	Activity 1.1.4
INTERMEDIATE RESULT 1: DEMAND COMMUNITY LEVEL	In *each* Champion Commune, community outreach workers conduct a total of 190 home visits on malaria prevention	CC Cycle 2 (August 2006 to date), 294 communes: as of September 2007, 37 communes were certified Champion Communes and 57,745 ITNs were distributed or sold. As a result, 48% of households in those communes owned at least one ITN versus 11% at the beginning of the CC cycle.	**The benchmark has been modified.** NGOs conducted home visits on malaria prevention but did not report numbers; instead they reported number of ITNs distributed as a result of the home visits and other awareness-raising activities.	Activity 1.1.2
INTERMEDIATE RESULT 2: AVAILABILITY NATIONAL LEVEL	National malaria policy document reproduced and disseminated	3,000 copies of the new National Malaria Control Policy were reproduced and distributed to all levels of the Ministry, members of the Government and all technical and financial partners.	**The benchmark has been achieved.**	Activity 2.1.12
	The M&E plan of the Malaria Control Program is finalized	Santénet also helped set up the Ministry 's Malaria Unit's M&E team. Santénet trained 11 staff members of the Malaria Unit as well as 22 regional malaria specialists on M&E and the use of an information system.	**The benchmark has been achieved.**	Activity 2.1.12
INTERMEDIATE RESULT 2: AVAILABILITY COMMUNITY LEVEL	149,625 ITNs and 143,250 antimalarial treatment products sold or distributed in Santénet's CCs	Between October 2006 and September 2007, 107,173 ITNs, 154,740 *Palustop Zaza* blisters (for children 1 to 5), and 93,240 *Palustop Zazakely* blisters (for babies 4 to 11 months) were sold by 5,552 CBDAs in the 271 CCs.	**The benchmark has been achieved.**	Activity 2.3.1
INTERMEDIATE RESULT 3: QUALITY NATIONAL LEVEL	Malaria Norms and Protocols developed and disseminated at Santénet intervention zones	The norms and procedures of malaria prevention and treatment were developed and validated.	**The benchmark has not been achieved.** However, dissemination workshops are planned for second semester of 2007.	New activity

INTERMEDIATE RESULT 3: QUALITY

COMMUNITY LEVEL

% of performance standards achieved in focused antenatal care and in intermittent preventive treatment

	#	% of performance standards achieved in FANC/IPT
CBHCs cycle 1	31	50% in IPT and 40% in ACT
CBHCs cycle 2	31	40% in IPT and ACT

Desired performance standards for the improvement of quality for IP, FP, child survival, malaria and STI have been adapted to the CBHC's minimal activity package.

	#	% of performance standards achieved* in average in -2006	% of performance standards achieved in averaged 2007
		FANC/IPT	FANC/IPT
Practicum sites (PMP indicator N°18)		-	-
CBHCs QAS Cycle 1	20	35%	61%
CBHCs QAS Cycle 2	31	Assessement on going, results not yet compiled.	

The benchmark has been achieved. 45 QAS Cycle 1 CBHCs have completed more than 85 % of their quality improvement action plans which include IP, FP, FANC/IPT and IST and all of them have received a second performance evaluation.

Activity 3.3.1
Activity 3.3.2
Activity 3.3.3
Activity 3.3.4

INTERMEDIATE RESULT 4: CAPACITY BUILDING

NATIONAL LEVEL

See cross-cutting benchmarks in the FP section.

INTERMEDIATE RESULT 4: CAPACITY BUILDING

COMMUNITY LEVEL

See cross-cutting benchmarks in the FP section.

RESULTS FROM OCTOBER 2006 TO SEPTEMBER 2007

SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS CONTROL 2007 TO 2012

Objective:
Maintain the HIV prevalence rate below 1%

Strategies:

1. Setting up a legal, policy, and operational framework that allows for a response to STI and HIV/AIDS that is multisectoral, integrated, efficient, and respectful of human rights.
2. Improving access to information and quality clinical services for the prevention of STI and HIV/AIDS
3. Mitigating the impacts of HIV and AIDS on infected and affected people
4. Strengthening the management of the local response

This section provides an overview of the key results achieved by Santénet as well as its contributions to prevent sexually-transmitted infections, including HIV/AIDS, during the reporting period. Santénet worked to contribute, at the national and community level, to the national objective of maintaining the HIV prevalence rate below 1 percent by aligning its interventions with Strategies 1 and 2 of the 2007-2012 National Strategic Plan for HIV-AIDS Control as described in the text box.

The table which follows the narrative summary details the results achieved in in HIV/AIDS/STI prevention in comparison with established benchmarks and is presented according to Santénet's intermediate results: demand creation, improved access and increased service quality and institutional capacity building at the national and community level.

SUMMARY OF RESULTS ACHIEVED FOR THE REPORTING PERIOD

To promote a multisectoral framework for collaboration in combating STIs and HIV/AIDS, Santénet worked closely with the Religious Platform, known as PLEROC, to successfully obtain funding for and implement HIV/AIDS projects. PLEROC's proposal submitted to UNICEF for a pastoral letter on HIV/AIDS was approved in November 2007. Santénet provided technical assistance in drafting the letter, and in December 2006, PLEROC, through the churches of its members, distributed copies of the letter to parishioners. During the reporting period, PLEROC also submitted two new proposals: one was submitted to PMPS, the Multisectoral Project for AIDS Prevention, for HIV/AIDS activities in the Analamanga region, and another was submitted to UNICEF for HIV/AIDS voluntary counseling and testing (VCT) activities.

Santénet also continued its efforts to promote workplace initiatives, developing an infection prevention and HIV/AIDS IEC curriculum for beauty and hairdressing schools. In September 2007, 20 beauty and hairdressing schools were trained to use the new curriculum. The schools will apply it during the new school year so that the 1,280 registered students understand the importance of clean work instruments to prevent infections, including HIV/AIDS transmission, and at the same time the role they can play to raise awareness about HIV/AIDS among their future patrons.

Santénet has helped **improve access to information on STI and HIV/AIDS prevention.** The STI picture box has been updated and validated and will be the main tool used for IEC activities in CBHCs. The World Bank, via PMPS, has agreed to finance the publication and dissemination of the picture box to all CBHCs.

Also, to help prevent mother-to-child transmission, Santénet actively assisted the Ministry in launching Madagascar's first-ever campaign integrating maternal and child health. During the first MCHW held in October 2006, more than 15,000 pregnant women nationwide were tested against HIV/AIDS. The second MCHW was held in April 2007 during which more than 11,600 pregnant women were tested.

Santénet, working with the USAID funded Health Communication Partnership (HCP) project, continued strengthening its youth-focused activities. As of September 2007, more than 31,680 young people aged 12 to 24, representing 46 scout troops, 129 junior high clubs, and 568 sports clubs, have been mobilized to fight against the spread of HIV/AIDS by implementing *Ankoay* in seven districts. Furthermore, the Red Card initiative was scaled up during this reporting period, reaching more than 350,000 girls and distributing over 900,000 cards. In addition, during the 7th Indian Ocean Islands Games in August 2007, Santénet and HCP, in collaboration with UNICEF, used 600 young peer educators to promote healthy behaviors : they distributed 300,000 Red Cards, 10,576 Youth Passports, 6,000 "*Tsara ho fantatra*" information leaflets about HIV/AIDS and 6,000 handouts about children's rights.

In collaboration with PSI, Santénet initiated the production of a 32-episode radio soap opera of 30 minutes each. The series targets youth of 15-24 years of age with appropriate messages and helps them model positive and responsible behaviors in order to reduce the risk of HIV infection and other STIs and prevent unwanted pregnancies. Between December 2006 and April 2007, four pilot episodes were recorded and and pre-tested. The results showed that the target audience understood and enjoyed the story and could relate to the characters and situations. At the end of the reporting period, Episodes 1 to 8 were recorded and validated by the youth panel, and Episodes 9 to 16 were delivered to the panel for validation. Santénet expects to record the remaining episodes over the next few months and plans on launching the radio series in early February 2008 when it will coincide with Valentine's Day and overlap with fall 2008 school break.

At the community-level, between September 2005 and December 2006, the outreach workers in the 81 CCs had organized more than 70,000 group activities and 147,000 interpersonal communication sessions to educate and raise awareness about STIs and HIV/AIDS. Santénet, through its grants program, financed a second CC cycle for 72 of those 81 CCs, in addition to a first CC cycle for 222 new communes. It should be noted that 25 communes where CC is being implemented are considered to be among the 119 most HIV/AIDS vulnerable communes in Madagascar, according to the Executive Secretary Secretariat/National AIDS Control Committee (ES/NACC). As of September 2007, the outreach workers in the 294 CCs had visited more than 120,000 households to talk about STIs and HIV/AIDS prevention, which also contributed to increased condom sales: during this reporting period, the 5,552 active CBDAs sold more than 264,816 *Protector Plus* condoms.

To improve **access to quality clinical STI and HIV/AIDS services**, Santénet provided technical assistance to strengthen existing health *mutuelles* and set up new ones in other communes: as of September 2007, 166 health *mutuelles* were operational, 79 in their second or third year and 87 newly set-up. *Mutuelles* cover STI-related medical expenses for their members, thus alleviating financial barriers to STI treatment services.

The in-service STI training curriculum has been revised and validated. The World Bank approved the budget to provide refresher training to CBHCs providers, and trainers from the National Public and Community Health Institute, the Ministry's STI Unit, and Santénet plan on training 680 providers in October 2007.

With assistance from Santénet, another 106 CBHCs introduced the QAS, and

most of them have finalized their infection prevention action plan, which is particularly important in the context of HIV/AIDS prevention, since the IP norms require the use of clean and disinfected instruments as well as the proper disposal of used supplies, such as syringes, to protect both clients and health providers from possible HIV/AIDS transmission.

Finally, performance norms and work procedures for the prevention of mother-to-child transmission were developed and tested in two health facilities. The manual, which is currently being finalized, is expected to be published in 2008.

	BENCHMARKS PROPOSED OCTOBER 2006 TO SEPTEMBER 2007	MAJOR RESULTS ACHIEVED OCTOBER 2006 TO SEPTEMBER 2007	COMMENTS	ANNUAL WORK PLAN ACTIVITIES
INTERMEDIATE RESULT 1: DEMAND NATIONAL LEVEL	100% of public junior high schools in Antananarivo, Fort Dauphin, Toamasina, Toliary, Antsirabe, Antsiranana, Mahajanga, and Morondava take part in the Red Card initiative 10 phone calls per day are received at the ES/NACC in relation with the Red Card, or a total of 2,000 calls in one year	350,000 girls were touched by the Red Card initiative and over 900,000 cards were distributed. 100% of public junior high schools in Antananarivo, Fort Dauphin, Toamasina, Toliary, Antsirabe, Antsiranana, Mahajanga, and Morondava take part in the Red Card initiative. 10 to 20 calls recorded per day on the Freefone hotline referred to Red Card.	**The benchmark has been achieved.**	Activity 1.1.11
	50% of beauty schools include the infection prevention approach and IEC in their curricula	The curriculum for infection and HIV/AIDS prevention for beauty and hairdressing schools was developed. In the region of Analamanga, 20 beauty schools were trained, representing approximately 1,280 students in total.	**The benchmark has not been achieved.** However, Santénet will monitor the schools during the last semester of 2007to check whether they have integrated the curricula in their teaching program.	Activity 1.1.4
INTERMEDIATE RESULT 1: DEMAND COMMUNITY LEVEL	In *each* Champion Commune, community outreach workers conduct a total of 90 home visits on STI and HIV/AIDS prevention	CC Cycle 1 (September 2005 to December 2006): 70,436 group animations (skits, village theaters, group discussions) and 147,978 personal interviews and home visits on HIV/AIDS/STIs prevention carried out in 81 CCs by CC outreach workers. CC Cycle 2 (August 2006 to date), 294 communes: as of September 2007, 37 communes were certified CCs where community outreach workers had conducted a total of 79,313 home visits on HIV/AIDS/STIs prevention, or an average of 2,145 home visits per commune.	**The benchmark has been achieved.**	Activity 1.1.2
	1,000 groups of 30 young people aged 12 to 24 are directly involved in the *Ankoay* approach (scout, junior high, and sports)	More than 31,680 young people aged 12 to 24, representing 46 scout troops, 129 junior high clubs, and 568 sports clubs, have been mobilized to fight against the spread of HIV/AIDS by implementing *Ankoay* in 7 districts.	**The benchmark has been achieved.**	Activity 1.1.9 Activity 1.1.10 Activity 1.1.11
	3,000 people participate in VCT during the CC and *Ankoay* festivals	2,000 people participated in VCT during 15 *Ankoay* festivals.	**The benchmark has not been achieved.** However, at least 20 other*Ankoay* festivals are planned starting in December 2007, with at least 50 VCTs per festival.	Activity 1.1.2 Activity 1.1.8
INTERMEDIATE RESULT 2: AVAILABILITY NATIONAL LEVEL	60% of the Pha-G-Dis make orders for GeniCure and Cura7	No results to report for this benchmark.	**The benchmark has not been achieved.** However, the CBHC providers first need to be updated about the revised STI norms and procedures, which include GeniCure and Cura7 for STI treatment. The revised STI in-service curriculum has been revised, and refresher trainings are to be given to CBHCs providers starting in October 2007.	
INTERMEDIATE RESULT 2: AVAILABILITY COMMUNITY LEVEL	142,500 units of Protector Plus sold in Santénet's CCs using a network of 4,800 CBDAs	Between October 2006 and September 2007, 264,816 *Protector Plus* were sold by 5,552 CBDAs in the 271 CCs with an established distribution network for social marketing products.	**The benchmark has been achieved.**	Activity 2.3.1

<table>
<tr><td>INTERMEDIATE RESULT 3: QUALITY

NATIONAL LEVEL</td><td>In-service training module on STI/HIV revised and validated</td><td>STI in-service training curriculum revised, finalized, and validated.
.</td><td>The benchmark has been achieved.</td><td>Activity 3.2.2</td></tr>
<tr><td>INTERMEDIATE RESULT 3: QUALITY

COMMUNITY LEVEL</td><td>% of performance standards achieved in STI/HIV:
<table><tr><th></th><th>#</th><th>% of performance standards achieved in STI/HIV</th></tr><tr><td>Practicum sites</td><td>10</td><td>50%</td></tr><tr><td>CBHCs cycle 1</td><td>46</td><td>50%</td></tr><tr><td>CBHCs cycle 2</td><td>129</td><td>40%</td></tr></table></td><td>Desired performance standards for the improvement of quality for IP, FP, child survival, malaria and STI have been adapted to the CBHC's minimal activity package.
<table><tr><th></th><th>#</th><th>% of performance standards achieved on average in 2006</th><th>% of performance standards achieved on average in 2007</th></tr><tr><td></td><td></td><td>STIs</td><td>STIs</td></tr><tr><td>Practicum sites (PMP indicator N°18)</td><td>10</td><td>61%</td><td>54%</td></tr><tr><td>CBHCs cycle 1</td><td>45</td><td>35%</td><td>76.5%</td></tr><tr><td>Cycle 2 CBHCs</td><td>106</td><td colspan="2">Assessement on going, results not compiled yet.</td></tr></table></td><td>The benchmark has been achieved.

45 QAS Cycle 1 CBHCs have completed more than 85% of their quality improvement action plans which include IP, FP, FANC/IPT, and IST and all of them have received a second performance evaluation.

The number of QAS Cycle 2 sites was reduced from a planned 129 to 106 CBHCs because some CBHCs were either too remote or closed due to unavailability of staff or for security raisons.

Actual performance assessment for child health, STI and Fanc/IPT is on going in QAS Cycle 2 CBHCs.</td><td>Activity 3.3.1
Activity 3.3.2
Activity 3.3.3
Activity 3.3.4</td></tr>
<tr><td>INTERMEDIATE RESULT 4: CAPACITY BUILDING

NATIONAL LEVEL</td><td>Project document developed for PLEROC's STI/HIV project</td><td>PLEROC's pastoral letter on HIV/AIDS project submitted to UNICEF in November 2007 was approved and copies of the letter were distributed to parishioners in December 2007.

Representatives from each member entity of PLEROC received training on leadership and management

PLEROC submitted two new proposals: one to the Multisectoral Project for AIDS Prevention (PMPS) for HIV/AIDS activities in the Analamanga region, and another to UNICEF for HIV/AIDS voluntary counseling and testing activities.</td><td>The benchmark has been achieved.</td><td>Activity 4.4.3</td></tr>
<tr><td>INTERMEDIATE RESULT 4: CAPACITY BUILDING

COMMUNITY LEVEL</td><td>See cross-cutting benchmarks in the FP section.</td><td></td><td></td><td></td></tr>
</table>

CASE STUDY

Building the Bridge for Quality

The mayor of Bemanonga (center) speaks with the head doctor of the health center (right).

Thanks to the mayor's advocacy efforts, the health center was rehabilitated and a brand new wing was added (right).

Challenge

Health centers in developing countries, especially at the community level, are faced with numerous challenges to increasing the quality of their services that health providers often cannot solve on their own, despite their best intentions and efforts. The community-based health center in Bemanonga on the western coast of Madagascar had serious problems providing the optimal level of services and care. The health center was an open space, with no walls or divisions, allowing for little to no privacy and confidentiality. It had no access to clean water, and the courtyard used as a waiting room was littered with garbage and waste. In order to provide quality health services and be able to encourage the community to use their services, the health center set out to improve these conditions.

Initiative

Efforts to improve the quality of health services in developing countries are generally focused on strengthening the clinical competencies and the communication skills of health providers, and very little is done at the client and community level. This approach continues to consider clients and the community as beneficiaries, not dynamic actors. Involving the community in resolving service quality-related problems and issues can help establish a productive dialogue between the health providers and the community. In 2006, USAID supported the introduction of the Quality Assurance System (QAS) in the health center of Bemanonga. This system calls for an evaluation of the health center's current performance in comparison with established norms and standards, and for the elaboration and implementation of an action plan to bridge the gap between actual and desired performance. To achieve the clinical norms and standards, health providers received refresher training on infection prevention, family planning, sexually transmitted infections, and other technical areas. Most importantly, the health providers and the community were encouraged to identify together areas where community actors could make their own contributions — material or through voluntary labor — to improve quality in and around the health center.

Results

Everyone in the community, from the mayor down to the ordinary citizen, participated in implementing the action plan. Thanks to the mayor's advocacy efforts, the European Union agreed to fund the rehabilitation of the health center and even build an extension in August 2007. A Japanese donor agreed to set up a water tank that provides clean water in all consultation rooms. Separation walls and panels were built so providers can now respect patient confidentiality. The community constructed a fence around the health center to keep animals out and benches for patients to rest on while waiting to see a provider. The health center was able to reach 79 percent of infection prevention norms established under QAS, a remarkable jump considering it had a score of 15 percent after the initial evaluation six months earlier. As a bonus, the number of consultations during that period doubled from an average of 50 to more than 100 consultations per day.

RESULTS FROM OCTOBER 2006 TO SEPTEMBER 2007

CHILD SURVIVAL

THE NATIONAL CHILD HEALTH POLICY

Goals:

- Reduce child mortality in order to achieve the Millennium Developmental Goal
- Set up a clean environment to allow children to survive, grow, and develop to the best of their potentialities so that they can contribute to the country's economic and social development

General Objectives for 2010:

- Contribute to reducing the neonatal mortality rate to 20‰;
- Contribute to reducing the child mortality rate from 94 to 73 per 1,000 live births and the infant mortality rate from 58 to 45 per 1,000 live births;
- Contribute to the development of an institutional and legal framework that fosters child survival and development

Strategies:

1. Organization and management
2. Prevention
3. Disease management

This section presents Santénet's key achievements for the reporting period in the area of child survival, contributing to the strategies identified by the Government of Madagascar to reduce infant and child mortality. Santénet takes part in the Child Survival Coordination Committee's (CSCC) activities to integrate programs related to child survival. Also, in collaboration with members of the Inter-Agency Coordination Committee (IACC), Santénet works to continuously improve the Expanded Program on Immunization (EPI).

The table which follows the narrative summary details the results achieved in child survival in comparison with established benchmarks and is presented according to Santénet's intermediate results: demand creation, improved access and increased service quality, and institutional capacity building at the national and community level.

MAIN RESULTS ACHIEVED FOR THE REPORTING PERIOD

In terms of organization and management, Ministry partners endorsed the EPI's current work plan and the Comprehensive Multi-Year Plan, thereby ensuring EPI's financial viability through 2011.

To reinforce the management of the EPI, and particularly the logistics system, Santénet helped develop a companion job aid (poster-style) to the procedures manual for the EPI supply chain. Santénet edited and printed 10,600 copies of this job aid that were distributed in April 2007 to all CBHCs nationwide to improve forecasting, ordering, and monitoring of stocks, and to ensure consistent and adequate supplies for vaccination activities. Santénet also participated, with the other members of the IACC, to the national inventory of the cold chain's materials and equipments as well as to the Vaccine Management Assessment (VMA).

In addition, the routine EPI report completion rate has remained above 90 percent through Santénet's and other partners' support to data management system strengthening, especially in the areas of submission timeliness and completion, data analysis, and improved use of data for decision-making.

With regards to prevention, Santénet technically and financially supported prenatal care (antenatal consultations, iron/folic acid, tetanus toxoid) and postnatal care (child immunization, exclusive breastfeeding, and nutrition for the breastfeeding mother) through behavior change communication (BCC) activities in the CCs, through the *mutuelles,* and intensified BCC activities for children under two months.

Specifically, Santénet provided technical assistance to strengthen existing health *mutuelles* and set up new ones in other communes: as of September 2007, 166 health *mutuelles* were operational — 79 in their second or third year and 87 newly set-up. Complete child immunization and other preventive measures are required in order for the *mutuelle* to cover medical expenses.

Santénet also educated the local population about the prevention of diarrheal diseases, especially for children. During the current reporting period, 5,552 active CBDAs sold 64,984 bottles

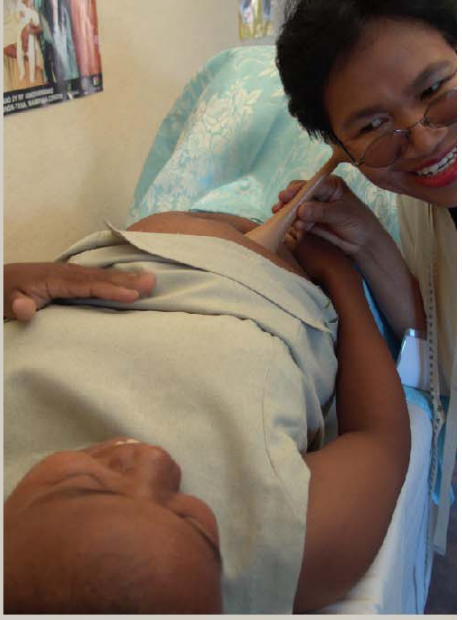


PHOTO SETA

PHOTO SETA

LEFT AND ABOVE: During the first and second editions of Mother and Child Health Week, parents were encouraged to bring their children to the health center to get different preventive health services, such as immunization or vitamin A supplementation. Pregnant women were also invited to come for a prenatal visit and a HIV/AIDS test.

of home-based water treatment (*Sur'Eau)* in the 271 CCs that have an established distribution network for social marketing products, which equals more than three million liters of clean water.

Santénet is also prioritizing support to immunization, with impressive results. In the 81 CCs, the vaccination rate climbed from 53 percent to 94 percent in 15 months. Santénet, through its grants program, financed a second CC cycle for 72 of those 81 CCs, in addition to a first CC cycle for 222 new communes. As of September 2007, 37 of those 294 communes were certified Champion Communes where the $DPTHepB_3$ immunization coverage rate increased from 59 to 71 percent. These community-based efforts contributed to the national immunization coverage rate for the pentavalent vaccine ($DPTHepB_3$) of 95 percent at the end of 2006. Other national coverage rates have also remained above 90 percent for tuberculosis (BCG) and polio (VPO3) vaccine. Measles vaccination coverage was reported to be 85 percent. At the end of 2006, six out of the 111 districts still had a $DPTHepB_3$ coverage rate less than 50 percent. As such, Santénet also contributed to increase community-based efforts by supporting the Reach Every District (RED) approach: with technical and financial assistance from Santénet, the districts of Toamasina I and Toamasina II and 43 of their health providers received training on RED.

To complement routine activities, Santénet also assisted the Ministry to successfully launch Madagascar's first-ever campaign to integrate maternal and child health in October 2006. Results were impressive: more than 45,000 children received their third shot of $DPTHepB_3$; over 100,000 women received a tetanus shot. Anecdotally, CBHCs reported having vaccinated in one week's time the number of children and pregnant women it normally vaccinates in a month. The second edition of the MCHW was held in April 2007: 46,865 children received their third shot of $DPTHepB_3$ and 50,680 pregnant women received a tetanus shot. During the two MCHWs, Santénet's CC partners, through their network's community-based outreach workers, intensified their awareness-raising activities to inform as many households, parents, caretakers, and pregnant women about the importance of maternal and child health.

For disease management, Santénet supports the Integrated Management of Childhood Illnesses (IMCI) approach by improving stakeholders' skills to detect general danger signs and to control common childhood illnesses such as acute respiratory infections (ARIs), diarrhea, and malaria.

Santénet also contributes to improving the skills of the relevant staff in the area of curriculum development for pre-service training in middle-level management at six paramedical schools.

The Ministry and its technical partners validated the QAS performance standards for child health in May 2007.

Santénet worked with Basics and MCDI to better define and coordinate activities for community-based treatment of ARIs and diarrhea.

Finally, Santénet participated in developing two documents to request funds to GAVI in order to introduce a new Haemophilus Influenza Type B vaccine to help prevent ARIs and to implement activities to reinforce the health system for the period 2008 to 2011.

	BENCHMARKS PROPOSED OCTOBER 2006 TO SEPTEMBER 2007	MAJOR RESULTS ACHIEVED OCTOBER 2006 TO SEPTEMBER 2007	COMMENTS	ANNUAL WORK PLAN ACTIVITIES
INTERMEDIATE RESULT 1: DEMAND NATIONAL LEVEL	Two Maternal and Child Weeks held in the reporting period (October 2006 and April 2007)	The first-ever campaign integrating child and maternal health in Madagascar, the MCHW, was carried out in October 2006: 3,900,000 children under 5 and 4,500,000 women of reproductive age were targeted during the first MCHW: 45,872 children received their third shot of DPTHepB3. The second edition of the MCHW was held in April 2007: 46,865 children received their third shot of DPTHepB3.	**The benchmark has been achieved.**	Activity 1.1.7
	100% of CBHCs in Santénet's CCs receive their minimum IEC/IMCI package	The Ministry established an initial list of the EPI IEC materials to be included in the Minimum IEC Package which was then tested in 16 CBHCs.	**The benchmark has not been achieved.** However, the final list of EPI IEC materials to be included in the Minimum IEC Package is to be validated in November 2007, during the National Health Communication and Social Mobilization Committee's next meeting.	Activity 1.1.4
INTERMEDIATE RESULT 1: DEMAND COMMUNITY LEVEL	Each CC either achieves 80% DPTHepB3 immunization coverage rate or doubles the baseline rate	CC Cycle 1 (September 2005 to December 2006), 81 communes: DPTHepB3 immunization coverage rate increased from 53% to 94% in the 81 CCs between September 2005 and December 2006. CC Cycle 2 (August 2006 to date), 294 communes: • As of September 2007, 37 communes were certified Champion Communes where DPTHepB3 immunization coverage rate increased from 59% to 71%. • After their 100-day evaluation, 118 communes still implementing their CC cycle recorded a DPTHepB3 immunization coverage rate of 31%.	**The benchmark has been achieved.**	Activity 1.1.2
INTERMEDIATE RESULT 2: AVAILABILITY NATIONAL LEVEL	National EPI policy updated	The draft of the National EPI policy has been developed and is currently being reviewed by the different technical partners.	**The benchmark has not been achieved this year.** The final validation of the policy depends on the Ministry and key technical partners.	
	One maternal and neonatal tetanus elimination campaign conducted	The first-ever campaign integrating child and maternal health in Madagascar, the MCHW, was carried out in October 2006: 3,900,000 children under 5 and 4,500,000 women of reproductive age were reached: 100,649 pregnant women received their third anti-tetanus shot. The second edition of the MCHW was held in April 2007: 50,715 pregnant women received their third or more anti-tetanus shot.	**The benchmark has been achieved.**	Activity 2.1.11

<table>
<tr><td>INTERMEDIATE RESULT 2: AVAILABILITY

COMMUNITY LEVEL</td><td>EPI job aids duplicated and disseminated among service providers</td><td>10,600 job aids on EPI program management, immunization security, and information management were distributed to all CBHCs nationwide.</td><td>The benchmark has been achieved.</td><td>Activity 2.1.9</td></tr>
<tr><td></td><td>The score on the cold chain operational is 3.6 out of 5 at the CBHC level</td><td>Santénet provided technical and financial support to organize the VMA, and preliminary results show that the score on the cold chain operational is 3.4 out of 5 at the CBHC level.</td><td>The benchmark has been achieved. The VMA's final results will be available in November 2007.</td><td>Activity 2.1.9</td></tr>
<tr><td>INTERMEDIATE RESULT 3: QUALITY

NATIONAL LEVEL</td><td>Algorithm document validated and in-service IMCIN training curriculum revised and validated</td><td>IMCI training curriculum and algorithm revised and validated.

40 new supervisors/teachers of the Faculty of Medicine and the IFP Medical School were trained on Effective Teaching to better supervise students, nurses, interns in RH and child health.</td><td>The benchmark has been achieved.</td><td>Activity 3.2.3
Activity 3.2.5</td></tr>
<tr><td>INTERMEDIATE RESULT 3: QUALITY

COMMUNITY LEVEL</td><td>% of performance standards achieved in <u>child health</u>:
<table><tr><td></td><td>#</td><td>% of performance standards achieved in child health</td></tr><tr><td>Practicum sites</td><td>10</td><td>40%</td></tr><tr><td>BHC cycle 1</td><td>46</td><td>40%</td></tr><tr><td>BHC cycle 2</td><td>129</td><td>40%</td></tr></table></td><td>Desired performance standards for the improvement of quality for IP, FP, child survival, malaria, and STI have been adapted to the CBHC's minimal activity package.
<table><tr><td></td><td>#</td><td>% of performance standards achieved in averaged 2007</td></tr><tr><td></td><td></td><td>IMCI</td></tr><tr><td>Practicum sites (PMP indicator N°18)</td><td>10</td><td>Assessement on going- Results not compiled yet.</td></tr><tr><td>CBHCs cycle 1</td><td>45</td><td>Assessement on going - Results not compiled yet.</td></tr><tr><td>Cycle 2 CBHCs</td><td>106</td><td>Assessement on going- Results not compiled yet.</td></tr></table></td><td>The benchmark has not been achieved. Because the assessments are still underway or the results have just been received and have not been compiled yet. Results are expected to be avaible in early 2008.</td><td>Activity 3.3.1
Activity 3.3.2
Activity 3.3.3
Activity 3.3.4</td></tr>
<tr><td>INTERMEDIATE RESULT 4: CAPACITY BUILDING

NATIONAL LEVEL</td><td>See cross-cutting benchmarks in the FP section.</td><td></td><td></td><td></td></tr>
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</table>

RESULTS FROM OCTOBER 2006 TO SEPTEMBER 2007

NUTRITION

THE NATIONAL NUTRITION ACTION PLAN

Goal:
Warrant the Malagasy population's right to adequate nutrition in order to improve child survival so that they can develop to the best of their physical and intellectual potentialities as well as to promote mothers and adults' health and well-being.

General objectives to achieve by 2015:

- Reduce by half the prevalence of chronic malnutrition among children under 5;
- Contribute to reducing child mortality

Strategies:

1. Promotion of breastfeeding and complementary feeding
2. Community-based nutrition interventions
3. Micronutrient deficiency control
4. Integration of nutrition intervention to primary healthcare
5. Management of severely malnourished children
6. Improving households' food security
7. Nutrition interventions at schools
8. Communication strategy
9. Convergence of development policies
10. Preparedness to emergencies and responses to food emergencies
11. A national food and nutritional surveillance system
12. Developing the national capacity
13. Development and enforcement of laws and standards related to nutrition and feeding
14. Emergent issues (non infectious diseases, HIV/AIDS)

This section presents Santénet's key achievements and contributions towards reaching the objectives of the National Nutrition Action Plan. Specifically, the first part of this section summarizes major achievements and shows how Santénet's technical and financial support contributed to Strategies 1, 2, 3, 4, and 12 as described in the text box.

The table which follows the narrative summary details the results achieved in nutrition in comparison with established benchmarks and is presented according to Santénet's intermediate results: demand creation, improved access and increased service quality and institutional capacity building at the national and community level.

SUMMARY OF RESULTS ACHIEVED FOR THE REPORTING PERIOD

As part of community-based nutrition efforts, Santénet worked with the Ministry and partner NGOs to conduct awareness-raising activities on the Essential Nutrition Actions (ENA), including **exclusive breastfeeding**, using the CC approach to produce behavioral changes for improved nutrition. Between September 2005 and December 2006, the outreach workers in the 81 CCs had organized more than 70,000 group animations and 147,000 interpersonal communication sessions to educate and raise awareness about ENAs. Santénet, through its grants program, financed a second CC cycle for 72 of those 81 CCs, in addition to a first CC cycle for 222 new communes. It should be noted that five of the 294 CCs are also five of the 22 pilot communes chosen by the National Nutrition Office to implement the National Community-based Nutrition Program. Furthermore, nine of CC's 12 actions are included in the Minimum Activities Package in the National Community-based Nutrition Policy. As of September 2007, 37 communes were certified Champion Communes where community outreach workers conducted a total of 151,708 home visits on ENA.

In addition, Santénet provided technical assistance to strengthen existing health *mutuelle*s and set up new ones in other communes: as of September 2007, 166 health *mutuelle*s were operational — 79 in their second or third year and 87 newly set-up. Vitamin A supplementation and deworming is required for all members in order for the *mutuelle* to cover medical expenses, further supporting universal coverage.

At the national level, Santénet provided support to the first MCHW in October 2006 and the second one in April 2007, thus helping to promote ENA on a national scale. As a result, on a national scale, 88 percent of children between six and 11 months received Vitamin A supplementation during the first MCHW and 95 percent during the second MCHW. For children aged 12 to 59 months, 96 percent received Vitamin A supplementation during the first MCHW and 99 percent during the second MCHW, and 100 percent also received Mebendazole for deworming during both MCHW.

As part of micronutrient deficiency control, Santénet continued to improve access to micronutrients at the community level by promoting Vitamin A-rich foods. Santénet, with technical

assistance from local partners FIFAMANOR and AGTECH, conducted operations research on the introduction of orange-fleshed sweet potato in 17 communes, where 48 demonstration plots were created. Between January and June 2007, 22,500 cuttings were planted and five NGOs (ADRA, CARE, CRS, ASOS and MATEZA) as well as 204 "Vitamin Farmers" were trained. Farmers and families in those pilot communes have responded positively to the orange-fleshed sweet potato and have asked to produce more cuttings.

As part of integrating nutrition interventions in basic healthcare, Santénet assisted in establishing the Positive Deviance (PD) Task Force to adapt this approach to the Malagasy context before scaling it up. This community-based approach identifies mothers who utilize good nutrition practices and have healthy children, and encourages them to assist in caring for malnourished babies by teaching mothers good nutrition practices. The Task Force has developed a series of training curricula for trainers, community animators, CBHC health workers, PD mothers and Social Development Committees to be tested for a year before the national validation. 36 PD trainers in the Moramanga region were trained during this reporting period.

In order **to improve quality of service at the national level**, Santénet provided technical and financial support to the revision and the validation of the IMCI curriculum and algorithm, which added infant and young child feeding in a context of HIV/AIDS. At the commune level, the desired performance standards for child health (integrating nutrition, FP, malaria, STI, and IP) were validated so as to be integrated into CBHC minimum activity package. With technical and financial support from Santénet, 45 CBHCs actually introduced those child health and nutrition quality performance standards and were trained in self-assessment to apply them.

PHOTO SANTÉNET

PHOTO SANTÉNET

ABOVE AND RIGHT: The orange-fleshed sweet potato is a vitamin A rich food that can be easily cultivated, as was demonstrated in 17 pilot communes.

	BENCHMARKS PROPOSED OCTOBER 2006 TO SEPTEMBER 2007	MAJOR RESULTS ACHIEVED OCTOBER 2006 TO SEPTEMBER 2007	COMMENTS	ANNUAL WORK PLAN ACTIVITIES
INTERMEDIATE RESULT 1: DEMAND NATIONAL LEVEL	Two Maternal and Child Health Weeks held in the reporting period (October 2006 and April 2007)	The first-ever campaign integrating child and maternal health in Madagascar, the MCHW, was carried out in October 2006: 3,900,000 children under 5 and 4,500,000 women of reproductive age were targeted; 88% of children age 6 to 11 months and 96% children age 12 to 59 months received Vitamin A supplementation and 100% of the latter received Mebendazole for deworming. The second edition of the MCHW was held in April 2007: 3,200,000 children under 5 and 4,700,000 women of reproductive age were targeted during the second MCHW: 95% of children age 6 to 11 months and 99% children age 12 to 59 months received Vitamin A supplementation and 100% of the latter received Mebendazole for deworming.	**The benchmark has been achieved.**	Activity 1.1.7
INTERMEDIATE RESULT 1: DEMAND COMMUNITY LEVEL	In *each* CC, community outreach workers conduct a total of 470 home visits on ENA	CC Cycle 1 (September 2005 to December 2006): more than 180,000 group animations (skits, village theaters, group discussions) and 370,000 personal interviews and home visits were carried out in 81 CCs by CC outreach workers between September 2005 and December 2006. CC Cycle 2 (August 2006 to date), 294 communes: • As of September 2007, 37 communes were certified Champion Communes where community outreach workers conducted a total of 151,708 home visits on ENA, or an average of 4,100 home visits per commune. • After their 100-day evaluation, 118 communes still implementing their CC cycle recorded that community outreach workers had conducted a total of 124,705 home visits on ENA, or an average of 1,056 home visits per commune.	**The benchmark has been achieved.**	Activity 1.1.2 Activity 1.1.8
	80% of children aged 6 to 56 months receive vitamin A in the Santénet's CCs 80% of children aged 12 to 56 months receive deworming medicine the Santénet's Champion Communes	In the 81 CCs Cycle 1, 100% of children age 6 to 59 months received Vitamin A supplementation and 100% of children age 12 to 59 months received Mebendazole for deworming.	**The benchmark has been achieved.**	Activity 1.1.2 Activity 1.1.8
INTERMEDIATE RESULT 2: AVAILABILITY NATIONAL LEVEL	There were no proposed benchmarks.			
INTERMEDIATE RESULT 2: AVAILABILITY COMMUNITY LEVEL	There were no proposed benchmarks.			

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Activity 3.2.5</td></tr>
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QUALITY

COMMUNITY LEVEL</td><td>% of performance standards achieved in child health, which includes performance standards in <u>nutrition:</u>

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45 CBHCs in the cycle 1 BHCs have been introduced to child health and nutrition quality performance norms and trained in self assessment to apply them.

<table><tr><td></td><td>#</td><td>% of performance standards achieved in averaged 2007</td></tr><tr><td></td><td></td><td>IMCI</td></tr><tr><td>Practicum sites (PMP indicator N°18)</td><td>10</td><td>Assessement on going- Results not compiled yet.</td></tr><tr><td>CBHCs cycle 1</td><td>45</td><td>Assessement on going -Results not compiled yet.</td></tr><tr><td>Cycle 2 CBHCs</td><td>106</td><td>Assessement on going- Results not compiled yet.</td></tr></table></td><td>The benchmark has not been achieved. Because the assessments are still underway or the results have just been received and have not been compiled yet. Results are expected to be avaible in early 2008.</td><td>Activity 3.3.1
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SUCCESS STORY

Pregnant Women Rule with an Iron Fist

Pregnant women in the communes of Fanjakana and Alakamisy Ambohimaha receive free iron folate tablets, instead of having to pay for them, thanks to the community who found various solutions to alleviate the financial burden.

Encouraging pregnant women to take daily iron folate supplements would help reduce the risks of anemia and its consequences, and reduce birth defects. Unfortunately, many Malagasy women are still unaware of the benefits of daily iron folate supplementation during pregnancy, and of those who are aware, many cannot afford to buy all of the 180 recommended tablets that are sold in health centers. Even though the total cost for six months is less than one dollar, in a country like Madagascar where the majority of the population lives on less than one dollar a day, this amount is substantial.

As a result, many women do not come back to health centers for their subsequent prenatal care visit because they are ashamed to face health providers and tell them that they cannot afford the tablets. Other pregnant women avoid visiting health centers altogether because of their inability to pay for the products.

Since 2006, USAID has been supporting the implementation of a community mobilization approach known as Champion Communities to improve the health of the local populations — especially, the health of mothers and children. Through this approach, local leaders are encouraged to take the lead in improving health by mobilizing the community to set annual health targets and achieve them.

In order to reach their iron folate supplementation target, several communes in the Haute Matsiatra region of Madagascar have identified ways to lift the financial barrier and increase the use of this vital supplement by providing free iron folate tablets to pregnant women:

- In the communes of Fanjakana and Soatana, each *fokontany*, or group of about 15-20 villages, agreed to donate enough money to buy tablets for all pregnant women.
- The commune of Anjoma Itsara used funds from the health *mutuelle*, a community-based cooperative health insurance scheme, to buy the tablets.
- In Alakamisy Ambohimaha, the commune decided to use money from the communal budget to subsidize the purchase of tablets by the local health center in order to donate the required tablets to all pregnant women.

These resourceful solutions have led to dramatic increases in iron folate supplementation. For example, in the commune of Soatanana, where free iron folate tablet distribution began in August 2007, the number of women coming to the health center for prenatal care doubled in just a month, from 28 women to 55 women. All of these mothers comply with the full six-month supplementation schedule. In the commune of Fanjakana, the health center was able to distribute 2,790 tablets in September 2007, when they only distributed 990 the previous month.

By raising knowledge and awareness about the benefits of iron folate supplementation, and encouraging communities to find creative ways to make them affordable, USAID has been able to convince local leaders and communities to develop local initiatives and invest in prevention, saving lives as a result.

PROJECT MONITORING PLAN

PERFORMANCE INDICATOR (PMP)		
INDICATOR	2007 OBJECTIVE	PROGRESS TOWARD OBJECTIVE
PMP indicator #1 Contraceptive prevalence rate (increments of 1.3% per year)	21.9%	CC Cycle 1: between September 2005 and December 2006, CPR increased from 7% to **12%** in the 81 communes during the CC Cycle 1. CC Cycle 2: between August 2006 and August 2007, CPR increased from 6% to **14%** in the 37 communes certified CC (19 communes subcontracted to PENSER and 18 communes to CARE). Between March 2006 and March 2007, CPR increased from 6.74% to **10.12%** in the 17 communes supported by the FlexFund-funded FBOs.
PMP indicator #2 DPT 3 coverage	75%	CC Cycle 1: between September 2005 and December 2006, DPTHepB3 immunization coverage rate increased from 53% to **94%** in the 81 communes during the CC Cycle 1. CC Cycle 2: between August 2006 and August 2007, DPTHepB3 immunization coverage rate increased from 59% to **71%** in the 37 communes certified CC (19 communes subcontracted to PENSER and 18 communes to CARE)
PMP indicator #3 Vitamin A supplementation coverage	88%	**100%** of children age 6 to 59 months received Vitamin A supplementation and 100% of children age 12 to 59 months received Mebendazole for deworming in the 81 communes during the CC Cycle 1.
PMP indicator #4 Condom use at last sexual encounter with a paying partner, among youth, and commercial sex workers	Women 15-24 EDS	N/A
	Men 15-24	N/A
	CSW	N/A
PMP indicator #5 Exclusive breastfeeding rate	N/A	N/A

PMP indicator #6 Number of communes that achieve CC status for achievement of health targets	Implementation of CC approach in **210** *new* communes		Santénet, through its grants program, financed a *first* CC cycle for **222** *new* communes.	
	72 (90% of 81 CC cycle 1) communes from 2005 involved in next step reaching CC status		Santénet, through its grants program, financed a *second* CC cycle for 72 *CC Cycle 1* communes. **10** of those 71 CCs have been certified as of September 2007, while the remaining 61 communes are currently in the middle of their CC cycle. The majority of the 61 communes will not be certified until December 2007 or January 2008, while a small minority will no be certified until the second quarter of 2008.	
PMP indicator #7 Availability of IEC/BCC minimum package at CBHC level	100% of BHC CC received the minimum package of IEC/BCC materials available for the SantéNet technical areas: FP/RH, IP, IMCI, Nutrition, Malaria, STI/HIV/AIDS.		**The activity has been delayed and the objective postponed.** The Ministry established an initial list of the IEC materials to be included in the Minimum IEC Package which was then tested in 16 CBHCs. The final content of the Minimum IEC Package is to validated during the last quarter of 2007.	
PMP indicator #8 Number of communes in priority biodiversity conservation areas that achieve Champion Commune status	**22** *new* communes in vulnerable biodiversity zones reaching KM status		**84** communes located in or near the forest corridor are currently implementing CC. The majority of the communes will not be certified until December 2007 or January 2008.	
PMP indicator #9 Reduction in the number of stockouts of injectable contraceptives at the CBHC level (a 2% annual reduction)	**2%**		According to the 2007 FP logistics survey, **2%** of FP sites have experienced DMPA stockout versus 4% in 2006.	
PMP indicator #10 Functional cold chain at the CBHC level	Temperature monitored daily and in the range of +2°C and +8°C.during last 6 months	**3.6 out of 5**	Temperature monitored daily and in the range of +2°C and +8°C.during last 6 months	**3.4 out of 5**
	The stock of vaccine sufficient until the next supply scheduled by the district level arrives	**3.8 out of 5**	The stock of vaccine sufficient until the next supply scheduled by the district level arrives	**3.8 out of 5**
PMP indicator #11 Santénet CC have an established distribution system for social marketing products	Training of community sales agents in **210** *new* communes involved in Cycle 2 KMs **3,000** sales agents (2 per Fokontany, 10 Fokontany per commune) trained in new communes involved in Cycle 2 CCs		As of September 2007, **190 out of 222 *new* CCs** have established a distribution system for social marketing products and **3,831** *new* CBDAs were trained.	

	200 Communes from 2007 have an established distribution chain for Social Marketing products		As of September 2007, **190 out of 222 *new* CCs** have established a distribution system for social marketing products, bringing to **271** the number of CCs that use CBDAs (190 CCs Cycle 2 and 81 CCs Cycle 1).	
PMP indicator #12 Number of social marketing products sold in Santénet CC	Protector Plus®	142,500	Protector Plus®	**264,816** *Protector Plus* were sold by 5,552 CBDAs in the 271 CCs.
	Sur'Eau®	46,000	Sur'Eau®	**64,984** bottles of *Sur'Eau* were sold by 5,552 CBDAs in the 271 CCs.
	Pilplan®	29,375	Pilplan®	**29,320** *Pilplan* blister-packs were sold by 5,552 CBDAs in the 271 CCs.
	Insecticide-treated bednets	149,625	Insecticide-treated bednets	**107,173** ITNs were sold by 5,552 CBDAs in the 271 CCs.
	Palustop ®	143,250	Palustop ®	**154,740** *Palustop Zaza* blisters (for children 1 to 5), and **93,240** *Palustop Zazakely* blisters (for babies 4 to 11 months) were sold by 5,552 CBDAs in the 271 CCs.
PMP indicator #13 Proportion of curative consultations provided by CBHC in Santénet CC	40%		According to complete data from 44 health *mutuelle*s, there has been an increase of **36.5%** in the number of curative consultations during the period that the health *mutuelle* covers health expenses (most *mutuelle*s cover health expenses during the lean season)	
PMP indicator # 16 Policies, standards and protocols (PNP) in Santénet technical areas are updated	One revised PNP validated by MOH/PF and disseminated: RH		**RH norms and procedures were finalized and validated.** Santénet financed the reproduction of 3,500 copies of the document and ensured its distribution in 10 regions.	
PMP indicator #17 Ministry training curricula updated in each of the Santénet technical areas	STI training curricula revised in agreement with the updated PNP		**STI training curriculum revised, finalized, and validated.**	
	IMCIN training curricula validated		**IMCI training curriculum and algorithm revised and validated.**	
PMP indicator # 18 Performance standards achieved by practicum sites in Santénet intervention zones	All selected sites meet at least **50%** of established performance standards.		All selected sites meet at least **72%** of established performance standards.	

PMP indicator #19 Percentage of CBHC meeting "Quality CBHC" criteria in the CC	**60%** of selected CBHCs from CCs in 2006 are certified Quality CBHC	**The activity has been delayed and the objective postponed.** The Quality CBHC certification guide is currently being validated, and certification will not take place before January 2008.
PMP indicator #20 CBHCs in Santénet CCs produce quality Monthly Activity Reports	**32%** of the *new* CCs produce quality monthly activity reports	**49%** of the *new* CCs produce quality Monthly Activity Reports.
PMP indicator #21 Use of routine data at the CCBHC level in Santénet CC	Implementation of the chartbook in **210** *new* communes	CBHCs in the **222** *new* communes have used data from the Monthly Activity Reports to establish and monitor the CC Cycle 2 objectives.
	200 communes from 2007 using Chartbooks	CBHCs in the **222** *new* communes have used data from the Monthly Activity Reports to establish and monitor the CC Cycle 2 objectives.

ACHIEVEMENTS OCTOBER 2006 TO SEPTEMBER 2007 BY ACTIVITY

INTERMEDIATE RESULT 1 : INCREASING DEMAND		
Activity 1.1.1. Assist partner NGOs in closing out Cycle 1 Kaominina Mendrika	• Evaluation of all the 81 communes and certification of 79 communes certified as *Kaominina Mendrika* • Compilation and analysis of the increase in health indicators in the 81 communes carried out • Qualitative research on behavioral changes in the communes carried out • Follow-up of NGOs as regards the rewards given to the 79 certified communes	
Activity 1.1.2. Assist the MOHFP and partner NGOs in implementing Cycle 2 Kaominina Mendrika	• As of September 30, 294 communes were identified and signed for KM Cycle 2 (72 old and 222 new communes) • 266 communes signed their KM letters of commitment. • 37 Communes (CARE East, PENSER Fianarantsoa) are certified *Kaominina Mendrika* in 2007. • Introduction to KM for 22 Regional IEC officers National KM Trainers' Team: • Certification of 13 KM coaches, 24 KM Master Trainers, and 5 KM trainers, representing all the partner NGOs and SantéNet in June 2007 • At the end of June 2007, first training for 13 people, including 12 technicians of Regional Health Directorates (DRSFP) and 01 of SantéNet. • Support to MoHFP in securing funding for the scaling up of KM.	
Activity 1.1.3. Support the MOHFP in developing the National Health Promotion Policy	• Participation in the workshop to define the strategic components of the National Health Promotion Policy in November 2006 • Participation in the workshop to validate the National Health Promotion Policy in August 2007	
Activity 1.1.4. Support the IEC and Social Mobilization Unit (IECSMU) in reinforcing the IEC/BCC component and activities within the MOHFP	Essential IEC Package • Support to the Nutrition Unit, the RH-SM unit, the Immunization unit and the Malaria Control Unit in drawing up the list of the IEC materials that will make up the Essential IEC Package • Pretest of Essential IEC Package in 16 BHC • Revision of the Essential IEC Package based on the recommendations resulting from the pretests IEC Messages Guide • Support to the IECSMU and the various programs to identify refractory behaviors and develop a first draft of updated IEC key messages • Recruitment of a national consultant to finalize the key messages and make the layout of the IEC Messages Guide	
Activity 1.1.5. Support the implementation of the National FP Communication Strategy	• Validation of the National FP Communication Strategy 1. Support to and participation in the workshop for validating the National FP Communication Strategy in December 2006 a. Evaluation of pilot project *Samia Mitondra Telo* 1. Evaluation in the 6 pilot *Samia Mitondra Telo* communes carried out 2. Finalization of IEC materials relating to the *Samia Mitondra Telo* approach • Launching of the *Samia Mitondra Telo* campaign 1. Advocacy among the denominational organizations funded by the FlexFund, MCDI and UNFPA for launching a FP communication campaign *Samia Mitondra Telo* 2. Production of *Samia Mitondra Telo* IEC materials 3. 6 spots in 4 dialects, 4. 1,000,000 invitation cards 5. 469.000 FP brochures. 6. 29.000 Gazety	

	7. In June 2007, recruitment of two national consultants and implementation of the campaign in 12 Regions, 38 health districts and 578 communes with funding from SantéNet, the FlexFund, and MCDI: 8. Training of pools of trainers at the regional and district levels 9. Provision of kits for each commune. 10. Development of monitoring tools for the BHC. 11. Identification of radio stations and development of a spot airing plan 12. Formative follow-up in 10 regions, 15 health districts and, and 21 communes. • Production of 25 000 SDM inserts • Production of a documentary on FP for the training of the Fokontany Heads in Iavoloha in August.	
Activity 1.1.6. Support the other programs of the MOHFP in developing or revising and implementing their communication strategies and activities	• The picture box was revised and validated. It will be integrated in the Essential IEC Package • The World Bank is duplicating the picture box	
Activity 1.1.7. Contribute to the organization of the Mother and Child Health Weeks (October 2006 and April 2007)	• Provide technical and financial support in the design and duplication of IEC materials, posters, social mobilization guides, the airing of spots and official launching of the 2007 MCHW • Take part in the duplication of the social mobilization guides for the animators of SantéNet partner NGOs, 5,440 guides distributed	
Activity 1.1.8. Implement the National Community-based Nutrition Program in the National Nutrition Office's pilot sites through the Kaominina Mendrika approach	• Kaominina Mendrika introduced in 6 communes out of 22 where the PNCN (Program National of Community Nutrition) is implemented. • More than 12 animators trained in Kaominina Mendrika	
Activity 1.1.9. Ensure the scaling up of the Ankoay Scout approach with the scout groups in the Distrika Mendrika	• Follow-up of activities in 5 Mendrika districts • Evaluation and Ankoay scout festival in the Districts of Fort-Dauphin, Antsirabe I, Tamatave I, Mahanoro, Vatomandry • Training of 196 Ankoay scouts supervisors in 4 districts • Training of 96 Ankoay scout troops in 2 districts • Development of CBO requests for 3 Ankoay troops (golden) • Ankoay animation during the blood-giving day with MoHFPPS and ADB • Training of 100 Adventist youth leaders on the Ankoay approach • Support to the implementation of the golden Ankoay by the TEM Ankoay Ilanivato in the district of Vatomandry • Intervention during the annual national meeting of the TEM chiefs scouts as part of scaling the Ankoay program in this branch at the national level. • Submission, follow-up, and signature of 3 proposals of less than USD25,000 for scouts at the AGF (Financial Management Agency of the National AIDS Committee) • Submission and follow up of 3 others proposals for scouts in progress at the AGF.	
Activity 1.1.10. Ensure the scaling up of the Ankoay	• Workshop for reorienting the Ankoay sport strategies • Training of 239 Ankoay sport supervisors in 4 districts	

Sports approach in collaboration with the National Sports Academy in the Distrika Mendrika	• Training of the Ankoay sport clubs in the 4 districts • Refresher training of 6 Ankoay Sports central trainers • Festival of certification of sporting teams in the town of Brickaville: 04 teams certified Ankoay, 1,500 Red Cards distributed, 2,500 young people sensitized on HIV/AIDS means of prevention	
Activity 1.1.11. Ensure the scaling up of the Ankoay School approach in collaboration with the Ministry of Education in the Distrika Mendrika	• Training of 1,500 young people in 51 Ankoay Junior high Schools in 5 districts • Training of 350,000 girls and distribution of 900, 000 Red Cards • Development of the booklet on Red Card activities for clubs • Contact and training of trainers of various organizations for collaboration on the Red Card: ADB, HIV/Alliance, PLEROC, CARE, CRS • Submission, follow-up, and signature of 2 proposals for the Ministry of Education and FAWE for the extension of the Red Card and Ankoay Junior High School at the AGF. • Training of 600 peer educators on the use and distribution of Youth Passport during the 7th Indian Ocean Islands' Games • Mobilization of 600 young peer educators on the use and distribution of 300,000 Red Cards, 10,576 Youth Passports, 6, 000 folders "Tsara ho fantatra" of the National AIDS Committee, 6,000 documents on children's rights of UNICEF during the 7th Indian Ocean Islands' Games • Sensitizing of 3000 young people during the national School Sports with 465 young people doing HIV screening. • Training of 25 Ankoay supervisors for the AFAZ association that will work in 4 centers of social rehabilitation of young delinquents in the Analamanga Region • Participation in the workshop to develop the Operational Plan for the implementation of HIV control in school setting for 2008 -2010 with the support of missionaries of the World Bank and the National AIDS Committee	
Activity 1.2.1. Involve private doctors in FP promotion		The FP invitation cards to be distributed to the *Top Réseau* private doctors were instead given to the FlexFund FBOs to replenish the stocks in their 17 communes and to the Ministry to be distributed to the 3,000 women who will participate in the Leadership and Management training planned for October 2007 and financed by the Government of Madagascar.
Activity 1.2.2. Scale-up HIV/AIDS awareness-raising activities in the informal sector	• The HIV/AIDS and IP training curricula were revised • The training of the beauty schools took place on September 27, and 28, 2007. 32 schools were invited to the training, 20 schools took part in the training and 2 schools are no longer operating. • The total number of students in these 20 schools is 1,280 per year on average. • The follow-up of the curriculum's integration in their training program will be done later.	
Activity 1.3.1. Reinforce FP awareness-raising activities in the Kaominina Mendrika communes located in or next to the forest corridor	• Introduction of KM in 54 communes located high biodiversity zones • Proximity SMT campaign launched in 73 KM communes located in high biodiversity zones (old and new communes) • 31 SMT communes in high-biodiversity zones out of the KM program	

INTERMEDIATE RESULT 2 : INCREASING ACCESSIBILITY		
Activity 2.1.1. Support the implementation of the FP strategy	Qualitative evaluation of the introduction of Implanon in the national FP program. Contraceptive security 2007-2012 : ▪ Reference document to link the new national FP strategy to the MAP. ▪ Consolidation of the program's material and financial needs. ▪ Continuous and consistent advocacy at all levels. Expansion of FP sites since October 2006: ▪ Support to the planning of FP sites expansion. ▪ Team building before the trainings. ▪ Setting up of a pool of 20 central and regional trainers. ▪ 100 new FP sites opened.	Evaluation of Implanon Targets have acknowledged that the method is acceptable. Moreover, the FP Directorate has integrated Implanon among its priorities. Contraceptive security 2007-2012 : Activity in progress, partially achieved. At the moment of the dissemination of the contraceptive security document, the free FP products policy was issued, calling for the revision of the document's content. Expansion of FP sites Activity fully completed. 100% of public health facilities offer FP services – (that is, 2475 FP sites).
Activity 2.1.2. Support the establishment of community-based FP services	Support to the development of the Injectables introduction at community level Project. Instructions and guidelines on Community-Based Services. Assist MAs such, a memorandum bearing the reference number n-721-SANPFPS/SG/DGPS/FP Directorate was issued on September 25, 2007 on the arrangements relating to free FP products at the public health facilities level.	Injectables at the community level The last memorandum on CBSWs dates from the 30/08/06 and bears the reference number # 1243-SANPF/SG/DSF/SSR-MSR. Currently, with the announcement of free FP products, performance at community level as well as its compensation (to cover travel expenses) are being reflected on and related decision-making is being considered. As such, a memorandum bearing the reference number n-721-SANPFPS/SG/DGPS/FP Directorate was issued on September 25, 2007 on the arrangements relating to free FP products at the public health facilities level.
Activity 2.1.3. Support the contraceptive logistics system in the public sector	Quarterly monitoring of the supply management: ▪ Analysis of the health district services' Purchase orders data. ▪ Analysis pertains essentially to injectables due to their high rates of use in Madagascar. ▪ 78% of the districts have a stock level in keeping with recommended norms. ▪ 92% of the districts respect the needs determination calculation mode. Development and dispatch of the Specific feedback memorandum on: ▪ Each health district's individual performance regarding the contraceptives supply management. ▪ Specific recommendations for each health district. Memo on contraceptive products supply management: ▪ Production of 2,500 copies of the « Poster » describing the different steps of contraceptives management intended for the use of FP/BHC providers at FP sites. ▪ Production of 250 copies of the « Poster » describing the roles and responsibilities of Pha-G-Dis providers and FP Officers in contraceptives supply management. ▪ Production of 2,500 copies of a Reference Manual including the logistic management guidelines at FP site level.	-Quarterly monitoring of the supply management ▪ 3 consecutive monitorings (4th quarter 2006, 1st quarter 2007, and 2nd quarter 2007). Specific feedback memorandum The specific feedback memorandum on the results of the 3 monitorings helped the health district correct their mistakes and reinforce their strengths. Each health district can monitor its contraceptives supply management performance. Memo on contraceptive products supply management Activity fully completed. All health districts and public BHCs are equipped with such memos to facilitate the contraceptive products supply management tasks.
Activity 2.1.4. Reinforce the contraceptive supply system by planning procurements	Contraceptive needs estimation and supply planning : • Analysis of existing data that allow for needs assessment. • Assessment of the amounts of products existing in the distribution pipeline and eventual adjustments. • Preparation of the supply plan using PIPELINE and CMM software. Procurement plan 2007-2009 : • The 2007-2009 contraceptives procurement plan developed and validated by FP partners in January 2007. • In year 2007, contraceptive needs are 100% covered and are worth more than 4 millions USD.	Contraceptive needs estimation and supply planning Activity fully completed. 2 workshops: December 2006 and June 2007. Following these workshops, the Ministry's officers were able to master the planning process. Contraceptives procurement plan Compared to 2004, the annual procurement budget for contraceptive

	• In 2008, USAID and the Malagasy Government have positioned themselves as regards the funding of products. A request for procurement was sent to UNFPA for the remainder. Supply management monthly report: ▪ Trend of monthly use at the national level. ▪ Stocks situation at the central level. ▪ Various facts relevant to supply requiring short-term decision-making from the Ministry and partners (UNFPA, USAID, WB).	products was multiplied by three in 2007. We succeeded in mobilizing the funding needed to match the needs that are in constant increase. Supply management monthly report Activity fully completed. 12 monthly reports developed.
Activity 2.1.5. Contribute to the coordination of the FP program	-National coordination meeting on RH/FP : • Strategic review through critical review of the program's achievements and constraints with respect to the information collected. • Recommendations for year 2007: reinforcing FP advocacy, communication and sensitization. Periodical monitoring meeting at the regional level, twice a year : ▪ information and experience sharing on the RH/FP/SM/ARH activities planned at the regional and district level, Presentation of FP PDSS to all members of the Government of the Republic of Madagascar. -Presentation of the Madagascar FP program in Washington DC in December 2006, with USAID.	National RH/FP coordination meeting: This activity has enabled FP Directorate to coordinate the activities of partners working in the field of RH and prioritize its interventions and support activities at the peripheral level. The meeting was also an opportunity for presenting the achievements made at each level as well as on good practices. Periodical monitoring meeting at the regional level : The meeting was more specifically focused on good practices that were noted to eventually scale them up. Impacts on the trends of Contraceptive coverage rate.
Activity 2.1.6. Contribute to improving FP service provision	EZAKA bulletin : ▪ 4th quarterly 2006: "Family Planning excellence practices. ▪ 1st quarterly 2007: "Family Planning activities of Madagascar's faith-based organizations platform". ▪ 2nd quarterly 2007: "Adolescent Reproductive Health". ▪ For each issue, financial support to the production of 1,500 copies for FP sites. ▪ In February 2007, evaluation of the use and relevance of the Ezaka bulletin for routine activities. The evaluation's results are now available. -Introduction of FP good practices in the national program: ▪ The pregnancy checklist will be used by BHC service providers. ▪ Integrated service of systematic screening.	EZAKA bulletin This technical periodical bulletin has allowed for the sharing of important FP information with FP actors from the public sector, from NGOs, and from the private sector. FP good practices Key recommendations include: o The technical feasibility of the project for health workers, o The acceptability of the project for the population and health workers.
Activity 2.1.7. Continue active participation in the EPI technical and senior IACC	PPAC document finalized, validated and submitted to GAVI. Support to the development and validation of the RSS/GAVI document IACC Participation in all periodical meetings of senior, CSCC, and technical. Participation with IACC members in the 2007 campaign preparation committee (MCHW, MNTE, and Measles Vaccine 2007). Participation in the development of a Draft 0, in the validation of a document for the introduction of Hib, and in the inventory of the cold chain.	The senior Inter-Agencies Coordination Committee is operational The financial viability of the program is ensured by the availability of the full multi-year plan through the positioning of the Government and usual EPI partners on the short-term and probably on the medium term. The government participates in vaccines procurement for autonomy as regards vaccines. The setting up of sub-committees should be an asset of the programmatic management and EPI coordination. Availability of the finalized document for the inventory of the cold chain to assess the storage capacity.

Activity 2.1.8. Capacity building in EPI management	Setting up of 17 Pools of MLM facilitators in 17 regions. Contribution to the formative monitoring of the strengthening of the EPI logistic system and cold chain management. Participation in the development of pre-service training curriculum for the Paramedical and Medical Schools. "Introducing the RED Approach and making the working/management tools available at all levels." Introduction of the RED approach in the districts of Toamasina I and Toamasina II. Allocation of equipments, materials and tools for logistic management, and monitoring & evaluation to improve data management. Participation in regular reviews at the health regions' level to enhance skills and exchange among health district officers.	Revitalization of the immunization program as part of the reinforcement of the immunization system. Acceleration of the control of diseases that can be prevented by immunization (refresher training for health workers). Reinforcement of routine immunization activities, especially among populations that are difficult to reach through a participatory approach and the implementation of the "RED" approach or Reach Each District approach. EPI communication strategic plan unavailable: Difficult to implement the IEC/BCC strategy, leading to restricted access to the population (30% to 40%) in difficult-to-access and remote areas. 80% of health district EPI officers have received RED training. The RED approach has become an entry point for integrated child survival interventions.
Activity 2.1.9. Ensure the functioning of the EPI program logistics system	Technical assistance to support skills development in the quarterly review, through the inventory of the cold chain for the 2007 renewal plan. Finalization, validation, and dispatching of the EPI Logistics Manual by IACC members. Participation in the meetings of the APIH technical work group.	• The cold chain's effective coverage has increased from 57% to more than 90%. • Recommendations per component of the EPI program. • Stock management is mastered at the central and regional levels through training on the use of computerized vaccines management tools. • Setting up of the APIHI committee. o
Activity 2.1.10. Continue the strengthening of the monitoring system and the quality of EPI data through the use of computerized tools	Technical assistance to support the development of skills in the areas monitoring systems and data quality (computerized management, DDM) during the quarterly review. Holding of 2 semester review at the national level. Routine data indicate the following rates: B.C.G., 89%; DTPHepB3, 79%; OPV3, 80%; Measles, 98%; and TT2+, 48%.	• Tangible improvements in the data management system. Acceleration of the efforts for achieving performance in report completeness. • Standardization of a data control system (Register, checking sheet, child card, sheet tray, MAR). • The EPI objective, consisting in maintaining a minimal immunization coverage rate of 80% for all antigens in at least 80% of all districts is achieved. • The two workshops to assess completeness and use of data were not held. Due to lack of formative supervision, we were not able to monitor the implementation of the recommendations arising from the evaluations. • Immunization services are integrated to the activities in the maternal and child care continuum.
Activity 2.1.11. Participate in national campaigns: Maternal and Child Health Weeks (MCHWs), epidemiological surveillance for Maternal and Neonatal Tetanus elimination, measles and polio campaigns	Participation in the development and validation of the national plan, the micro-planning, and the budgeting of the 2nd round of the campaign integrating measles elimination and the MCHW 2007(October 2007). MCHW: • Technical assistance to the restitution of the MCHW's results, April 2007. • Technical assistance to the development of a training curriculum and family practices strategies for the introduction of zinc and Cotrim in community-based management of ARI and Diarrhea. • Technical support to ToT on family practices for the introduction of zinc and Cotrim and on Community-based management of ARI and Diarrhea).	• The introduction of the EPI program in the curriculum of health professionals' pre-service training or post-graduate training ensures effective integration of the Expanded Program on Immunization in health programs. • The efficiency of the campaign activities in increasing the coverage rate to the expected level has been demonstrated. However, the campaign was costly and activities were significantly different from routine activities. It was therefore deemed more efficient to reinforce routine immunization or to carry out well-targeted days according to the accessibility, the users' rate, and the drop-out rate of districts and health facilities (implementation of RED).

	• Institutionalization of MCHW. • Monitoring of the implementation plan of the 2nd round of the 2007 measles campaign. • Participation in the introduction of Zinc at the BHC level and of Cotrim/ORS at the community level in 12 health districts • Coverage rates in Vit A supplementation and Mebendazole exceed 90%. • The case detection rate of AFP>1 since 2003. • The strategic plan for maternal and neonatal tetanus elimination has been carried out. ○	• Reinforced integration of the interventions through the approach of mother and child care continuum (antenatal consultations, Vit A supplementation, iron/folic acid, child immunization, EBF, and nutrition).
Activity 2.1.12. Take part in strengthening malaria control	Publishing of the new national policy document for malaria control: 3,000 copies to be disseminated at all levels, i.e. Regional health services, health districts, BHCs, partners, government for the purpose of information and/or implementation of change. Participation in international and national events such as MCHW, to support the program in implementing recommended control strategies; Distribution of 818,000 free ITNs to target groups during vitamin A mass campaigns in October 2006, in endemic and margin zones. Support to epidemiological surveillance in the central Highlands and in the sub-desert South by setting up 12 sentinel posts covering 36 health districts. Technical assistance to the needs appraisal mission of the PMI team. Finalization of the development of the IEC/BCC essential package Standardization of training curricula Participation in periodical meetings under the APIHI, for the integration of antimalarials in the Generic Essential Drugs, as done for FP. Participation in the development of the country's proposal to the 7th Round of the Global Fund for the malaria component. Submission sent in July 2007. Awaiting outcome. Under the same context, participation in 2 workshops respectively for the preparation of the proposal (April 2007) and the draft TRP (June 2007) before sending the final version of the proposal. Participation in the development of a National Strategic Plan for Malaria Control. Draft shared with partners. Participation in periodical meetings of RBM's technical committee. Participation in monthly meetings of the technical committee of RBM partnership for information exchange or sharing as part of reinforcing the partnership. Participation in and technical support to trainings: - ToT on malaria microscopic screening in the region of Boeny - Trainings of laboratory technicians on the same subject in the region of Alaotra Mangoro - ToT on Database for Monitoring and Evaluation as part of building the capacities of the Malaria Control Unit and CS Division staff: 15 trainers of trainers - Training of 22 regional officers on Monitoring and Evaluation Database. - Participation in the training of 1,269 health workers (from the public and private sectors) on ACT and RDT management, covering 100% of health districts. - Participation in the training of 30 health workers (from the public and private sectors) on microscopy - Training 20 national trainers and 2144 providers on IPT in 90 districts. - Participation in a validation workshop of the draft of the Norms and Procedures for Malaria Control document.	▪ The occurrence of malaria cases is of 4.71 per thousand (below 5 per thousand). Madagascar is on the way to shift from the control stage to the pre-elimination stage. ▪ A significant step has been completed at the health facility and community level regarding social mobilization. ▪ Rallying of all concerned services. ▪ Capacity building of health staff is dynamic and keeps pace with scientific progress. ▪ Harmonization of trainings to be provided. ▪ The setting up of a hard core for the integration of health inputs is effective. ▪ Reduction of stock-outs and good management of health inputs. ▪ Sound consistency of the proposal. The proposal was declared good by CCM and the draft TRP. ▪ Cohesion of interveners under the lead of the Ministry of Health. ▪ Experience beneficial to the submitting country. To be continued if possible. ▪ Recommended experience as it allows for the consideration of other aspects of malaria control (i.e. administrative, financial aspects). ▪ Harmonization of activities when programming as well as implementing. ▪ Asset for the culture of communication (exchanges between different actors, information sharing, decision-making). ▪ Harmonization of activities when programming as well as implementing. ▪ Improving case management (rational use of new molecules), reliability of malaria data. ▪ Updating the capacity-building of laboratory staff for implementing the strategic plan for malaria control as regards case management. ▪ Expression of interest by all participants. ▪ Trial instauration of the quality of services offered. ▪ Sensitization of officers on the importance of data; - Real-time availability of information at different levels. - Monitoring of activities undertaken. ○

Activity 2.1.13. Support the STI kits logistics system in the public sector	Development of an action program for the integration of health inputs (APIHI) of vertical programs in the generic essential drugs distribution system through the " SALAMA – PhaGDis – PhaGeCom " system • Project implemented to increase the availability of programs' products at the user level. • Its strategic focus include (1) integrating the inputs in the circuit and (2) drawing up an investment plan for the national distribution system.	APIHI - Setup of work groups, - APIHI guidelines determined (mission, vision, objectives, strategic focuses, principles, and activities).
Activity 2.2.1. Expand the private and NGO distribution channels to ensure availability of social marketing products	While the number of CBDAs trained prior to September 2006 amounted to 1,821, in late September 2007, it increased to 5,652, i.e. by 3,831 CBDAs (210%). The community-based sales distribution network expanded beyond the 81 communes of the previous year to 190 new additional communes. Training and refresher training of KM CBDAs. CBDAs trained and equipped with starting kits: 3831. CBDAs evaluation: Qualitative evaluation carried out in collaboration with PSI. Recommendations pointed out the need of providing refresher training to trainers and CBDAs to improve efficiency.	271 communes currently have a community-based sales distribution network. The number of CBDAs trained, i.e. 3,831 has exceeded the objective of 3,000 agents by 28%. This year's sales amount to 90 to 232% of the previous year's sales, in quantity, per product. Compared to the objectives set, ITN achievements are about 72% while Protector Plus achievements are about 186%. The community-based sales network's performance was good as, except for ITN, objectives were achieved or largely exceeded. The trainers' and CBDAs' refresher training has allowed for updating knowledge and filling in the gaps noted during the evaluation.
Activity 2.3.1. Expand the private and NGO distribution channels to ensure availability of social marketing products to remote populations	In collaboration with KM implementation partners, i.e. CRS/ODDIT, CARE South, Micet, Ny Tanintsika, and PENSER Madagascar, the distribution of social marketing products covers 25 communes located in protected areas with 470 CBDAs.	Thanks to the activities carried out in protected areas, it was possible to reach populations that live in remote areas.
Activity 2.3.2. Support the implementation of the health care services access strategy: the Equity Funds in hospitals	Development of the Conceptual Model of the Equity Funds in Hospitals (EFH) with the team of the Reference and Regional Hospital Directorate at the MoH. Calculation of the cost of implementing EFH in 6 pilot regions. Support to advocacy for the funding of the process. Beginning of EFH implementation in 3 regions whose Reference and Regional Hospital Centers (RRHC) are: Ambatondrazaka, Fianarantsoa et Antsirabe.	The implementation, initiated by the MOHFPSA in three regions was started by making a medicines kit available at the RRHCs level. The kits were provided by the Directorate of Dispensaries, Laboratories, and Traditional Medicine (MPLTM) and each RRHC received in goods the equivalent of 20 millions Ariary.
Activity 2.3.3. Support the implementation of the basic medical coverage strategy: expand and monitor *mutuelles*	Santénet supported the setting up of 79 mutual insurance schemes in four regions and an average adherence rate of 14% was noted among the population. In 44 mutual schemes of the Amoron'I Mania and Haute-Matsiatra regions, where data completeness was achieved, it was proved that the existence of the schemes improved access to care, as: ▪ The number of outpatient consultations increased by 36.5% during the period covered by the mutual insurance schemes. ▪ During the period covered by the schemes, patients insured by the mutual insurance schemes represented 46.7% of the total number of patients seen in outpatient consultations Holding workshops: a- January 2007: Appraisal of the health mutual insurance schemes situation and reflection on scaling up plans resulting in the definition of new strategies for addressing the various problems encountered during the 2006/2007 year. b- March 2007: Coordination meeting for setting up mutual insurance schemes in the Haute-Matsiatra region, consisting in	Compared to the objective of increasing outpatient consultations by 40% during the covered period, the result of 36.5% is deemed acceptable since most of the mutual insurance schemes that are in place are in their first year of existence. In the 6 *mutuelles* set up during the 2006/2007 year in the health district of Ambohimahasoa, the adherence rate increased by 34% during year 2007/2008. Concerning Phagecom (Community Managed Dispensaries) receipts, the amount paid by health *mutuelles* amount to 48% of the total receipts of the period covered by management.

	planning the 2007/2008 activities. c- Training of trainers on health mutual insurance for the 22 regions, in collaboration with the World Bank, through the Japanese Donation. Support the scaling up the mutual insurance schemes in Haute-Matsiatra with the objective of covering 100% of the communes and the 4 other regions of the former province of Fianarantsoa. SantéNet supports the setting up of 87 new insurance schemes in addition to the 79 ones of the preceding year. Development and publishing of the *"Promoters' Guide for Setting up health mutual insurance schemes in Madagascar"* in 1,500 copies and of *the "Training Curriculum on setting up of health mutual insurance schemes in Madagascar"* with the Japanese Donation. Contribution to the finalization of the evaluation document of the activities of the MAHASOA mutual insurance schemes for increasing access to service provision (preventive and curative), especially for the under 5 population. Community Score Card (CSC): The experience carried out with CSC CORE TEAM – which includes SantéNet, with support from PREA allowed for testing the approach in Mahaditra (Fianarantsoa II) and Vohiposa (Ambohimahasoa) with the participation of the members of the local health mutual insurance schemes. This approach is a tool which can be used to evaluate health mutual insurance schemes in the future.	The dissemination of the guide and curriculum would allow promoters, especially health district and the regional health Directorates to have good mastery of the process of setting health mutual insurances.
Activity 2.4.1. Create demonstration plots to promote cultivation of the orange-fleshed sweet potato	Introduction of orange-fleshed sweet potatoes (OFSP) rich in vitamin in 13 communes to contribute to micronutrients deficiency control: 13 demonstration plots set up, 5,200 cuttings planted, "vitamin farmers" identified: ▪ 6 Communes in Fort-Dauphin, ASOS, ▪ 4 communes in Vatomandry, CARE, ▪ 2 communes in Ambatondrazaka, MATEZA, ▪ one commune in Moramanga, ADRA.	
Activity 2.5.1. Improve the environmental hygiene and sanitation component (including promotion of the Sur'Eau) through an integrated plan of action	• 13,900 Sur'Eau bottles that is, 56% of the last 6 months' sales, were distributed by NGOs in environmental conservation areas.	
INTERMEDIATE RESULT 3 : IMPROVING QUALITY		
Activity 3.1.1. Support the updating of the National Reproductive Health Policy	o The activity has just started with the appointment of senior staff at the FP Directorate who will work with a staff from the Maternal and Child Health Department for update. o The plan is to finish draft 0 in December, to distribute it to the partners and central directorates of the MoH/FP in January 2008 for review and to hold a validation workshop in March 2008. SantéNet will provide technical support to facilitate the process until validation.	

Activity 3.1.2. Support the workshop to endorse the revised Reproductive Health policy document	○ Taking into account SantéNet's budget limitations, the consensus with the Ministry of Health is to share the costs of the workshop with other partners. SantéNet will pay for the coffee breaks and the rental of the venues.	
Activity 3.1.3. Support the MOHFP in disseminating Reproductive Health Norms and Procedures	• Financial support was granted to the ten intervention Regions of SantéNet: Analamanga, Aloatra Mangoro; Atsimo Andrefana; Anosy; Analanjirofo; Atsinanana, Haute-Matsiatra; Vakinankaratra, Vatovavy Fitovinany; Ihorombe. • Ten workshops were organized in February and June 2007 and 120 regional senior staff of the districts took part in the workshops. In turn, they disseminated the handbooks on standards at the BHCs level during the monthly technical reviews of the districts - The MoHFP should mobilize funds to help the other regions do the same work.	
Activity 3.2.1. Train district supervisors in facilitative supervision techniques	• The 2nd series of training on facilitative supervision technique for DHS under cycle I of the KM (activity under the 2005-2006 AWP) took place in October 2006. 25 supervisors were trained. • The supervision checklist was updated during the June-August period (07) with the addition of QIP standards. The supervisors' guide was also developed. These documents were validated in September 2007 and were sent for editing. • It is planned to familiarize at least 70 internal and external supervisors with the use of the new supervision checklist during the first quarter of 2008 and to train them in facilitative supervision technique.	
Activity 3.2.2. Update the STI/HIV training module	• The beginning of the training was delayed because of the delay in finalizing/editing the teaching materials. • For the health district of Antsirabe 2, the training was carried out during the first 2 weeks of October 2007. All the medical personnel of KM BHCs (21 BHCs) including those of Mandoto and the health district of Betafo were trained. • The INSPC will continue the trainings in 2008 throughout the country. Two members of the IR3 and IR2 teams were requested to serve as resource people by the INSPC. • SantéNet through JHPIEGO offered ZOE female models to the INSPC as part of its support to the training.	
Activity 3.2.3. Support the organization of a workshop to validate the revised IMCIN training module	• The validation workshop was organized in July but new recommendations were made to correct certain sections of the algorithm and to revise the modules in accordance with the changes done in the document. This process delayed the finalization of the training modules. Currently, the algorithm has been finalized and is printed by WHO; the modules will be completed by the end of October and the training of trainers on IMCNI for regional focal points will be conducted in late November 2007. The dissemination of this new module and the algorithm will be made by the districts through the update of the service providers.	
Activity 3.2.4. Update CBHCs providers in the KM communes in technical areas identified during the evaluation of their performances	• In May four, update workshops were carried out in parallel for providers in the cycle 2 KM BHCs: 106 providers were updated on FP and IP, including 20 in Antsirabe II, 21 in Fianarantsoa II, 15 in the Region of Ihorombe, 24 in Betioky, 2 in Benenitra, 11 in Southern Amboasary, and 13 in Taolagnaro.	

Activity 3.2.5. Monitor teachers and instructors trained in 2006 in effective teaching techniques	• A closer follow-up of Medical Schools allowed for promising results. Between December 2006 and October 2007, a total of 85 teachers or practicum supervisors were trained in effective teaching in their work places, including 50 senior staff from the Mother and Child Department, 18 staff from the Department of Medicine and 17 from the Department of Biology. The facilitators of these training courses were the participants of the first workshop organized in 2006.	
Activity 3.2.6. Finalize the appendices of the national protocol for IMCI supervision for the paramedical and the medical schools	o The update of the IMCI training curriculum was funded by WHO. The consultant selected for this work had to wait for the validation of the new algorithm before finalizing the document. - NB: The algorithm and the training curricula are part of the appendices of the supervision protocols. o With the support of SantéNet and through JHPIEGO, the training curricula in FP, STI, PNC (FPC) for the paramedical schools were developed in May 2007 and finalized in August 2007. The documents will be used by teachers and practicum supervisors in the new academic year 2007-2008. Their comments will be collected throughout the year and will be used to improve the current contents. o An update workshop on effective teaching, FP, PNC, and STI for 2& teachers and instructors was carried out in September 2007. The participants feel better equipped for teaching with the new modules in the new academic year.	
Activity 3.3.1. Organize follow up visits in the 10 practicum sites and in the 45 CBHCs in the KM communes	o 10 practicum sites underwent a third external evaluation. On average, 6 sites out of 10 (that is to say 60%) achieved a performance score of 75% in 3 technical fields (FP, STI, and IP). The number of sites that did not achieve a score of 75% decreased from 3 sites in January 2007 to 1 November 07in FP; increased from 6 sites to 7 in STI; decreased from 6 sites to 4 in IP. However, overall, each site has progressed towards better scores. We believe that with the update on STI, providers will be better equipped to improve their current performance in STI. o 45 Cycle 1 KM BHCs underwent a second external evaluation between January and April 2007. 18 BHCs out of 45 achieved a score of 75% in FP (i.e. 40%);14 out of 45 in STI (i.e. 31%) and 10 BHCs out of the 20 in malaria endemic zones achieved the standards in PNC/IPT (i.e. 50%). In the common components; the proportion is 51% in IP; 40% in IEC; 16% in services management and 29% in human resources management. However, overall, each site has progressed towards better scores.	
Activity 3.3.2. Certify practicum sites in infection prevention	• The framework document for certification developed and validated. The document is currently being printed. • Design of the certificate completed, the model was approved by the CNMQ • Out of the 161 KM BHCs, 54 are eligible to certification in IP; 19 in FP; 15 in STI and 9 in PNC/IPT • A second evaluation on IP is in progress in Anosy and the other districts will do their evaluation in IP by the end of 2008's first quarter. • The awarding of the certificates is planned in January and February 2008 during the KM festival N.B.: To be eligible to certification in a technical field, a BHC must also achieve a score of 75% in IP and IEC.	
Activity 3.3.3. Introduce QAS in 9 districts	• From January to September, the introduction of the IP-focused QIS was carried out in 10 districts and the evaluation of IP in 106 BHCs was completed. • 319 QIP/IP supervisors at the BHC/district/region levels were trained including 43 in Fort-Dauphin, 29 in Amboasary, 52 in Betioky, 50 in Antsirabe II, 55 inr the three districts of the Region of Ihorombe; 45 in Fianarantsoa; 20 in the Region of Amoron'Imania, and 25 in Benenitra. • 169 supervisors at the BHC/district/region levels were trained in self-evaluation approach and were familiarized with the standards in CS, FP, STI, PNC/IPT and on the basic components, i.e. IP, IEC, services management, and human and material resources management. The trainees are distributed as follows: 18 in Antananarivo, 23 in Tamatave, 23 in Ranomafana, 28 in Fianarantsoa, 7 in Tuléar, 23 in Antsirabe; 30 in Betioky, and 17 in Ihorombe. • Two evaluations in IP were carried out in 35% of cycle 2 BHCs and the second evaluation of IP is in progress in 25 other BHCs of Fort-Dauphin and Amboasary • Other QIP activities conducted: in October 2006, development of the standards of performance in IP for HJRA (teaching hospital in Antananarivo) with the team of the hospital; 34 units (1representative of each unit), 1 representative of the Unit of Regional Referral Hospital and 1 representative of the teaching hospital of Mahajanga took part in the exercise.	

	• In November 2006, there was a QIP ETE training in HJRA. Twenty-two (22) units, with one representative per unit and 2 representatives of the teaching hospital of Mahajanga, took part in the workshop. The operating theatre suite, the wash-house and the Central Service of Sterilization and Storage were assessed after the training. However, the implementation of the action plans pertaining to gaps identified and the plans established has slowed down for a few months, especially as regards the assessment of gaps in the other units. This is due to the lack of motivation among the staff since the appointment of a new director. SantéNet and the NCQM have paid a visit to the new director to advocate for the QIP system.	
Activity 3.3.4. Support the CBHCs that have introduced QAS (previously PQI) in their services	• All the 106 cycle 2BHCs received their IP kits, including the individual protective material, waste management equipment, and decontamination equipment. • 10 chlorine-generating machines out of the 10 received were installed, including two at the teaching hospitals of Befelatanana and HJRA; three at the Regional Referral Hospitals of Tamatave, Tuléar and Fianarantsoa; and five at the District hospitals of Itaosy, Moramanga, Ihosy, Antsirabe II, and Anosy. These machines are operational and are well maintained.	
Activity 3.3.5. Expand the use of SDM in Madagascar	As regards development of the teaching and IEC materials • The SDM training modules proposed by IRH GU were currently updated, adapted, and validated by the Directorate of Family Planning of the MoHFP/PS. • The SDM was integrated in the Paramedical School training module and the concerned section was updated in collaboration with the FP Directorate after a technical assistance mission of the IRH GU in September. • The CBD training module of PSI was updated and integrates SDM. The same adaptations were made on the CBSP training module developed by the MoHFP. • The FP training module used in paramedical pre-service training was also updated and includes now a section on SDM. • In addition to the French and Malagasy SDM poster developed in 2006, 25,000 SDM inserts, 15,000 flyers and a checklist for community workers were adapted in Malagasy from the IRH GU resource materials and printed for distribution. As regards training: • 3 series of trainings of SDM trainers out of the 3 planned were completed, which gives a total of 73 trainers nation-wide. • The training of SDM service providers was integrated into the update of QIP sites in FP. 183 service providers working in 170 public sites and 24 NGO sits were trained in SDM. • 93 trainers/supervisors of the Regional Health Directorate, Health Districts and NGOs were oriented on the use of the SDM supervision checklist during the training of trainers and the joint supervision meetings of MoHFP/SantéNet. • 154 community health workers were trained by CARE in SDM and they are providing services in 5 Communes in the Eastern Region of Madagascar As regards stocks of beads: • The 20,000 cycle beads received in 2006 without inserts have not been equipped with inserts in Malagasy and were dispatched to 28 health districts and 6 NGOs serving sites offering the SDM • Other IEC materials and working tools in Malagasy were developed, including the SDM flyer and the checklist for the Community Workers.	
Activity 3.3.6. Supervise SDM sites	As regards monitoring visits from January to date: • X sites out of the 170 trained benefited from a formative monitoring visits by regional and district supervisors. • 16 sites received a visit by a joint team of the MoHFP As regards statistics: From September 2006 to September 2007, partial data received from old and new sites showed 1,337 SDM users recorded in 116 public sites and 16 NGO sites.	

<table>
<tr><th colspan="3">INTERMEDIATE RESULT 4 : BUILDING CAPACITY</th></tr>
<tr><td>Activity 4.1.1. Support updated MIS tool dissemination</td><td>Support the MOHFPSA to improve the reporting lines in the information system's management.</td><td>♦ In 2007, data arrived twice faster than in 2006 and earlier periods
<table><tr><td>Promptitude</td><td>2005</td><td>2006</td><td>2007</td></tr><tr><td>Delay (in months)</td><td>+ 12</td><td>6</td><td>3</td></tr></table></td></tr>
<tr><td>Activity 4.1.2. Take part in the development of the National HIS Strategy</td><td>Support the Ministry in reaching consensus on leadership for activities relating to the development of the National Information System Strategy.</td><td>SantéNet has adopted a support approach that focuses on building a culture of using data for decision making rather than simple support to the development of a policy, which requires more human resources as well as more time.</td></tr>
<tr><td>Activity 4.1.3. Support capacity-building on health data use for communes and CBHCs</td><td>• Training on DDM MIS in October 2006: 100% of BCHs and health districts in KM communes received training on DDM MIS.
• Trainings evaluation from October to December 2006: The evaluation emphasized strengths and points calling for improvement in the DDM MIS trainings that were provided. The data's reliability and validity increased from 14% (2005) to 49% in September 2007.
• Setup of a pool of MIS/CS experts since January 2007
- Support to the central level (DSEVA, DEP, DULMT, SSS, SUREPI, and CS officers of all the Directorate of the MOH)
- Meetings to develop the ToR of the Planning and M& Unit
- Validation of the setup of the Planning and Monitoring & Evaluation Unit (ToR and Dashboard) in Antsirabe in February 2007
- Institutionalization of the SSEVSI at the DRSPFPS' level: the MOHFPSA has adopted the statutes of SSEVI in the decree of March 2007 on the Official Organization Chart of the Regional Health Directorates: 100% of the regions have set up the service.
- Design of the pool members' training curriculum
- Training of Trainers for members of the MIS trainers' pool: 100% of the regions covered by the trainers' pool (22 participants)
- Introduction to program Monitoring and Evaluation for MIS, CS, SIMR, and PS Officers of the Regional Health Directorates (66 participants).</td><td>Instead of undertaking training activities especially intended for KM BHCs, SantéNet has opted for building capacities at the national and regional levels, which will in turn plan the capacity building of peripheral levels (health districts and BHCs): the advantages of this approach include the presence of GIS and CS resource people at the regional level and the facilitation of skills transfer at all levels. This support activity will be monitored through supervision missions.
<table><tr><td>Quality</td><td>2005</td><td>2006</td><td>2007</td></tr><tr><td>Data reliability</td><td>14%</td><td>34%</td><td>49%</td></tr></table></td></tr>
<tr><td>Activity 4.2.1. Support health information sharing</td><td>• Regional workshops (4) for setting objectives in accordance with the MAP in Ranomafana Ifanadiana, Antananarivo, Antsirabe, and Mahajanga (the 22 regions and the CS officers of the national programs and directorates were concerned). With technical support of SantéNet, the workshops were carried out with funding from the World Bank through the Japanese Donation.</td><td>The process to set up the structures was on process during the first semester of 2007, which caused the Ministry's officers to be unavailable.</td></tr>
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Activity 4.3.1. Support the MOHFP in implementing activities related to the National Contracting Policy	• Regional trainings on contracting for the 3 regions of the former province of Fianarantsoa in October 2006. • Planning meeting with SantéNet's team. • Meetings for the development of the contracting incentive framework from November 2006 to date. • Workshops for updating health district/PHAGDIS contracts: workshop at the central level and workshop in the region of Amoron'i Mania.	
Activity 4.3.2. Support the FP partnership	• Meetings of FP partners: achievements in 2006, plans for 2007, presentation of the contraceptive procurement plan.	
Activity 4.3.3. Support institutional capacity-building for partner NGOs		This activity is part of the capacity building of partner NGOs, which is already addressed by IR1.
Activity 4.4.1. Support the faith-based organizations' network in implementing a program as part of the new FP strategy	• 3 quarterly coordination meetings of the Flexfund FP platform facilitated by SAF/FJKM and Santénet. All members of the platform were represented during these meetings. • Monthly sharing meetings between platform members. The objective of the meetings is to exchange good practices related to activities completed and future plans in the FP field. • Update of the platform's FP data. • Development of the platform's 2006 annual report and 2007 AWP. • Visits of the Flexfund entities' sites (the communes of 5 of the 8 intervention communes were visited).	• Generally speaking, a 40% increase of the contraceptive coverage rate was recorded in the BHCs of the Project's intervention area. • Capacity development in faith-based NGOs: All NGOs planned, budgeted, disbursed, and regularized expenses according to the USAID's norms and procedures. • 250 animators / CBSAs available and operational in 17 intervention communes of the faith-based platform.
Activity 4.4.2. Support PLEROC in starting up its activities	No activities carried out for the first quarter	
Activity 4.4.3. Support PLEROC in implementing STI/HIV/AIDS programs	• Message development and materials identification. • Training on management in January 2007. • Development of AWP started since November 2006.	

ADMINISTRATION AND OPERATIONS

MAIN RESULTS ACHIEVED FOR THE REPORTING PERIOD

Staffing and Operational Updates

Tana Office. Volkan Cakir's contract was extended through June 2008 along with his promotion to deputy chief of party (DCOP), following the resignation of the former DCOP in January 2007.

Additions to Santénet's technical program staff in Tana include the malaria specialist, Dr. Lucy Raharimalala, and mHerizo Rakotomanga filling the position of social mobilization/BCC specialist. The health program manager serving in Fort Dauphin, Bezaka Jules Bosco, relocated to Tana in October 2006 to serve as the Standard Days Method program coordinator.

We formalized the existence of an executive team, composed of the chief of party, Philippe LeMay, the DCOP, Volkan Cakir, and the director of administration and finance, Nathalie Albrow, as well as a senior staff team composed of the executive team, all IR leaders, and the field office coordinator, to review technical activities, the budget, operations and personnel. These new communication and reporting mechanisms ensure greater collaboration, consultation, and transparency.

Regional Offices. Some regional offices also underwent organizational changes. To increase collaboration with regional and district level health authorities, the Fort Dauphin office was moved in November '06 to co-locate with the Regional Health, Family Planning and Social Protection Directorate of Anosy, and the regional office structure was modified to reflect this new partnership. In November, a regional coordinator and service quality specialist, Holiarimanga Andriamitantsoa, was hired for the Anosy region. A social mobilization specialist, Nono Theophile Ramanoromila, joined in April to support CC activities for the Amboasary district. A regional administrative assistant was hired to support activities in the Fort Dauphin region. In the Fianarantsoa region, we hired a community mobilization specialist, Tsihorinirina Rabariarison, to support CC activities in Fianarantsoa II district. In August 2007 Santénet's Tamatave office was relocated to the Regional Directorate to replicate the successful operational model in Fort Dauphin and further strengthen our partnership with local health authorities.

Home Office. Chemonics' home office continued to offer project management and backstopping support activities in accordance with corporate policies and procedures. In February 2007 Leigh Ann Evanson undertook a supervisory visit to Tana. During this trip she met with the team, stakeholders and USAID. She also worked with staff to review the recent CPR and began an action plan to address noted areas for improvement. In May 2007, Ms. Evanson left Chemonics, and Ronald Parlato assumed the role of Home Office PMU director. He and Home Office Senior Vice President Betsy Bassan traveled to Tana in June at no direct expense to the contract. This visit provided Mr. Parlato with an opportunity to meet staff and stakeholders, and also to lead a team-building activity and preparations for workplanning with Ms. Bassan.

Productive, cost-effective administrative relationships with other projects
Santénet fostered opportunities to solidify partnerships and leverage U.S. Government investments by sharing office space with numerous partners. Santénet continued to provide office space to Health Communication Partnership (who collaborate on the implementation of *Ankoay* and Red Card activities) and to BASICS (facilitating the piloting and implementation of child health initiatives). This semester four additional partners were welcomed into the Santénet central office: the Hygiene Improvement Project (HIP), Immunization Basics, LINKAJISY Madagascar, and FHI.

In the regions, Santénet continued to share office space with MCDI and PSI in Tuléar, CARE in Tamatave (until August '07), ERI in Fianar, and the Regional Directorate in Fort Dauphin. These arrangements have facilitated collaboration, allowed the different projects to leverage important finance and administration support, and ultimately generate cost savings for the projects and U.S. government.

Santénet's arrangement with the Peace Corps also provides additional technical resources to regional activities. During the reporting period, five Peace Corps Volunteers worked directly with Santénet in regional offices.

State-of-the-art information and communication technology
We have developed and launched an extranet website to allow all local partners file technical reports directly into a customized data base that will generate automated monitoring reports.

In addition to current internet access connections and land and cellular phone services, the central Santénet office has established SKYPE connections to improve communication and generate considerable savings in international communication costs.

Santénet has been working with Chemonics' new accounting software ABACUS (Automated Business Accounting Connection System) for just over a year now, and finds this multi-user Web-enabled accounting software most useful for tracking expenditures by activity and funding source. The software, which shares information between home and field offices on a real time basis, allows the home office better oversight and control over field expenses, and enables the PMU and finance department more time to review project expenses prior to invoicing, thus reducing the chance for potential errors.

Compliant and standardized financial, management and administrative systems
The finance team, which includes the director of finance and administration, the chief accountant, and the bookkeeper, have handled all field-related financial management activities, including managing cash flow, reconciling advances, tracking expenditures, and reporting expenses to the home office on a monthly basis. While a home-office field accountant was scheduled to visit the field in July/August 2007 for an annual internal audit of the project's financial records and bookkeeping system, this assignment will take place in November 2007 to allow Santénet to cost-share with another Chemonics project.

Accounting and budget monitoring is done on a monthly basis in the field for a complex budget consisting of four CLINs and six sources of funding. To ensure compliance with the financial requirements of USAID, and meet additional budgetary reporting requests as these arise, expenditures were tracked and reported to the mission each month by funding source and CLIN. Further, a pipeline analysis was provided to the mission on a quarterly basis. The first table below shows total expenditures to date by CLIN and the second table shows CLIN expenditures by Source of Funding in relation with Santénet's budget and obligated funds.

PLANS FOR NEXT SIX MONTHS

The Administrative and Financial staff will work together to maintain systems for contract management and to provide adequate and timely administrative and logistical support for all activities and project operations. Santénet will begin to

focus on the project close-out including the transition of staff, the disposition of inventory, the organization and packing of all administrative files, and the sorting of documents. The Santénet project staff and Chemonics home office project management team will work together on preparing a demobilization plan and property disposition plan, ensuring that tasks are completed and deadlines are met.

EXPENDITURES THROUGH SEPTEMBER 30, 2007

Lignes budgétaires	TOTAL BUDGET	CLIN 1			CLIN 2			CLIN 3			CLIN 4			CLIN 5 Inactive	Total Remaining Budget
		BUDGET	EXPENDITURE	REMAINING	BUDGET	EXPENDITURE	REMAINING	BUDGET	EXPENDITURE	REMAINING	BUDGET	EXPENDITURE	REMAINING	EXPENDITURE	
1 SALARIES	2,346,990	645,878.00	526,832.45	**119,045.55**	703,453.00	642,183.71	**61,269.29**	529,478.00	432,445.52	**97,032.48**	436,587.00	595,967.14	**-159,380.14**	31,594.09	**117,967**
2 FRINGE	782,377	216,952.00	146,339.20	**70,612.80**	233,181.00	171,719.78	**61,461.22**	182,122.00	119,362.60	**62,759.40**	137,824.00	141,655.94	**-3,831.94**	12,297.50	**191,001**
3 OVERHEAD	1,732,201	478,434.00	338,143.97	**140,290.03**	522,098.00	426,663.18	**95,434.82**	394,250.00	270,938.78	**123,311.22**	313,739.00	381,877.00	**-68,138.00**	23,679.61	**290,898**
4 TRAVEL & TRANSPORTATION	326,099	82,902.00	99,067.87	**-16,165.87**	91,486.00	120,502.12	**-29,016.12**	80,171.00	84,577.06	**-4,406.06**	53,940.00	80,248.35	**-26,308.35**	17,600.40	**-75,896**
5 ALLOWANCES	701,657	189,817.00	178,662.96	**11,154.04**	206,363.00	189,956.05	**16,406.95**	170,482.00	136,656.51	**33,825.49**	122,557.00	133,116.22	**-10,559.22**	12,438.36	**50,827**
6 OTHER DIRECT COSTS	1,687,443	447,945.00	197,380.31	**250,564.69**	495,772.00	199,982.44	**295,789.56**	433,138.00	207,833.05	**225,304.95**	292,825.00	195,850.51	**96,974.49**	17,763.12	**868,634**
7 EQUIPEMENT, VEHICLES & FREIGHT	299,470	64,277.00	77,573.46	**-13,296.46**	69,789.00	79,622.37	**-9,833.37**	60,584.00	75,929.56	**-15,345.56**	41,237.00	69,529.78	**-28,292.78**	63,582.86	**-66,768**
8 TRAINING	1,736,790	464,533.00	614,336.55	**-149,803.55**	514,848.00	480,254.74	**34,593.26**	452,284.00	355,645.78	**96,638.22**	303,380.00	118,399.00	**184,981.00**	1,744.59	**166,409**
9 SANTENET FUND	1,999,999	535,435.00	588,877.21	**-53,442.21**	593,476.00	419,149.68	**174,326.32**	521,380.00	421,355.81	**100,024.19**	349,708.00	249,337.58	**100,370.42**	0.00	**321,279**
10 SUBCONTRACTS	3,410,523	436,640.00	197,401.03	**239,238.97**	1,029,922.00	512,900.71	**517,021.29**	1,218,081.00	937,920.05	**280,160.95**	695,218.00	590,121.69	**105,096.31**	30,661.70	**1,141,518**
SUBTOTAL	**15,023,548**	3,562,813.00	2,964,615.01	**598,197.99**	4,460,388.00	3,242,934.78	**1,217,453.22**	4,041,970.00	3,042,664.72	**999,305.28**	2,747,015.00	2,556,103.21	**190,911.79**	211,362.23	**3,005,868**
11 G&A	600,984	142,270.00	148,964.15	**-6,694.15**	178,132.00	162,717.70	**15,414.30**	161,397.00	152,856.61	**8,540.39**	109,599.00	128,370.81	**-18,771.81**	9,586.06	**-1,511**
12 FIXED FEE	931,299	220,238.00	185,593.30	**34,644.70**	276,118.00	202,518.22	**73,599.78**	248,178.00	190,453.63	**57,724.37**	173,623.97	159,651.69	**13,972.28**	13,140.74	**179,941**
TOTAL	**16,555,831**	3,925,321.00	3,299,172.46	**626,148.54**	4,914,638.00	3,608,170.70	**1,306,467.30**	4,451,545.00	3,385,974.96	**1,065,570.04**	3,030,237.97	2,844,125.71	**186,112.26**	234,089.03	**3,184,298**

SOURCE OF FUNDING THROUGH SEPTEMBER 30, 2007

Source of funding	Total Budget	Obligation	IR 1	IR 2	IR 3	IR 4	IR 5	Total Expenses	Remaining (original) budget	Remaining Obligation
Family Planning	$ 5,903,830.00	$ 5,389,694.00	$ 956,544.54	$ 1,427,525.51	$ 1,174,722.72	$ 866,592.10		$ 4,425,384.87	$ 1,478,445.13	$ 964,309.13
Primary Causes of mortality and morbidity	$ 4,085,211.00	$ 4,250,489.00	$ 825,778.89	$ 824,311.11	$ 713,398.27	$ 671,166.52		$ 3,034,654.79	$ 1,050,556.21	$ 1,215,834.21
Polio	$ 300,000.00	$ 299,000.00	$ 32,725.84	$ 90,132.77	$ 29,708.44	$ 17,383.92		$ 169,950.97	$ 130,049.03	$ 129,049.03
Micro Nutrients	$ 1,240,000.00	$ 1,517,292.00	$ 336,801.88	$ 468,609.11	$ 345,462.02	$ 348,792.88		$ 1,499,665.89	$ (259,665.89)	$ 17,626.11
Infectious diseases/Malaria	$ 1,915,000.00	$ 2,134,461.00	$ 512,275.09	$ 559,682.37	$ 582,778.69	$ 546,723.96		$ 2,201,460.11	$ (286,460.11)	$ (66,999.11)
HIV/AIDS	$ 3,111,790.00	$ 2,046,494.00	$ 635,046.24	$ 237,909.80	$ 539,904.80	$ 393,466.35	$ 234,089.03	$ 2,040,416.22	$ 1,071,373.78	$ 6,077.78
TOTAL	$ 16,555,831.00	$ 15,637,430.00	$ 3,299,172.48	$ 3,608,170.67	$ 3,385,974.94	$ 2,844,125.73	$ 234,089.03	$ 13,371,532.85	$ 3,184,298.15	$ 2,265,897.15